



## **Quarterly Progress Report April 1 – June 30, 2016**

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Prepared for  
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## LIST OF ACRONYMS

ADCH	Arthur Davison Children's Hospital
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASW	Adherence Support Worker
BD	Beckton-Dickinson
CARE	CARE International
CBO	Community-based Organization
CD4	Cluster of Differentiation 4
CHAZ	Churches Health Association of Zambia
CHC	Chronic HIV Checklist
CT	Counseling and Testing
DATF	District AIDS Task Force
DBS	Dried Blood Spot
DCMO	District Community Medical Office
DNA PCR	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	Early Infant Diagnosis
EMS	Express Mail Delivery
ESA	Environmental Site Assessment
eMTCT	Elimination of Mother-to-Child Transmission
EQA	External Quality Assistance
FBO	Faith-Based Organization
FHI	Family Health International
FP	Family Planning
GBV	Gender Based Violence
GCDD	Gender and Child Development Division
GIS	Global Information System
GPRS	General Packet Radio Service
GRZ	Government of the Republic of Zambia
cART	Highly Active Antiretroviral Therapy
HBC	Home-Based Care
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
IPT	Intermittent Preventive Treatment (for malaria in pregnancy)
IQC	Internal Quality Control
LMIS	Laboratory Management Information System
M&E	Monitoring and Evaluation

MC	Male Circumcision
MCH	Maternal Child Health
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
MSH	Management Sciences for Health
MSL	Medical Stores Limited
NAC	National HIV/AIDS/STI/TB Council
NGO	Non-governmental Organization
NZP+	Network of Zambian People Living with HIV/AIDS
OGAC	Office of the Global U.S. AIDS Coordinator
OI	Opportunistic Infection
OR	Operations Research
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMO	Provincial Medical Office
PMTCT	Prevention of Mother-to-Child Transmission
PwP	Prevention with Positives
QA/QI	Quality Assurance/Quality Improvement
SCMS	Supply Chain Management System
SLMTA	Strengthening Laboratory Management Toward Accreditation
SMS	Short Message System
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
UTH	University Teaching Hospital
VSU	Victim Support Unit
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization
ZPCT II	Zambia Prevention, Care and Treatment Partnership II
ZPCT IIB	Zambia Prevention, Care and Treatment Partnership II Bridge

## EXECUTIVE SUMMARY

### MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II Bridge (ZPCT IIB) is a 27-month contract (AID-611-C-14-00001) between FHI 360 and the U.S. Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with a ceiling of US\$ 58,361,839. The FHI 360-led team envisions this short-term contract as a *bridge to the future* of HIV/AIDS services that are fully owned by the Government of the Republic of Zambia (GRZ) and sustainable for the long term. ZPCT IIB will work side-by-side with the GRZ through the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) and other stakeholders to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Muchinga, Northern and North-Western.

ZPCT IIB supports the GRZ goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up elimination of mother-to-child transmission (eMTCT); HIV testing and counseling (HTC); male circumcision services; and clinical care services, including ART. The objectives of the ZPCT IIB project are:

- Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).
- Maintain the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasizes sustainability and greater GRZ allocation of resources, and supports the priorities of the MoH and NAC.
- Encourage integration of health and HIV services, where feasible, emphasizing the needs of patients for prevention at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG, and non-USG partners.

During the quarter, ZPCT IIB provided support to selected districts in Central, Copperbelt, Luapula, Muchinga, Northern and North-Western Provinces. ZPCT IIB is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. ZPCT IIB aims at strengthening the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. At the same time, ZPCT IIB is working to increase the GRZ (MOH and MCDMCH) capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT IIB quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels.

The ZPCT IIB quarterly report includes all activities from April– June 2016. ZPCT IIB supported 320 health facilities (299 public and 21 private) across 45 districts. Key activities and achievements for this reporting period include the following:

- 196,313 individuals received HTC services. Of these, 153,305 were served through the general HTC services while 44,935 were counseled and tested through eMTCT services.
- 44,935 women received eMTCT services (counseled, tested for HIV and received results), out of which 2,770 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of eMTCT was 4,159.
- 162 public and 21 private health facilities provided ART services and all 162 report their data independently. A total of 10,384 new clients (including 634 children) were initiated on antiretroviral

therapy. Cumulatively 276,391 individuals are currently on antiretroviral therapy and of these 17,313 are children.

- MC services were provided in 48 public and 3 private health facilities this quarter. 20,458 men were circumcised across the ZPCT IIB supported provinces this quarter. Provide ongoing technical assistance to all supported sites to strengthen health service delivery and correct documentation of services provided.

#### **KEY ACTIVITIES ANTICIPATED NEXT QUARTER (July-September 2016)**

The following activities are anticipated for next quarter:

- Provide ongoing technical assistance to all supported sites to strengthen health service delivery and correct documentation of services provided.
- Train HCWs and Lay counselors in various technical areas including HTC, eMTCT, FP, CTS, DHIS2, pediatric ART, integrated new guidelines, Option B+, ART/OI management, commodity management, and equipment use and maintenance.
- Implement ACT
- Implement routine child counseling at under five clinics, OPD, and in the pediatric wards.
- Administer QA/QI tools at ZPCT IIB supported facilities.
- Implement FP/HIV integration in the model sites and in the 120 additional facilities which recently rolled out FP/HIV integration.
- Implement mother baby tracking with results delivered to the clients on time and timely DBS collection and initiation of ART for eligible babies.
- Support implementation of option B+ in all PMTCT sites.
- Monitor SMGL activities in Mansa.
- Facilitate joint monitoring and mentorship visits with MOH/PMO/DMO to ZPCT IIB supported facilities
- Update and maintain PCR Lab database and conduct data management trainings
- Participate in reviewing and updating of HMIS M&E tools and assist with printing for supported health facilities.
- Conduct M&E Data quality Assessments in all six provinces using a systematic data verification tool as well as SIMS assessments.
- Review procedure manuals in preparation for DATIM reporting for the quarter.
- Provide technical support to SmartCare (testing of new software) in conjunction with MOH and other partners.
- Provide field support in Viral load database management in all the provinces with viral load machines.
- Attend the National Supply Management Coordination Committee.
- Conducting GIS training with support from FHI360
- Provide technical assistance in pilot districts in DHIS 2 data management.
- Provide technical assistance to newly recruited M&E officers in SmartCare / ARTIS paper based data management
- Print HMIS registers and SmartCare forms
- Support MOH in Planning launch preparations and provincial meetings.
- Finalize the harmonized mentorship tools with MOH and other partners.

- Support the Capacity Strengthening implementation including the National Transition Steering Committee (inception committee) meetings
- Print 5,000 copies of the pharmacy standard operating procedures manual, assist MOH to distribute and conduct orientations. .
- Joint mentorship site visits with GRZ provincial and district staff in all the six provinces for both pharmacy and laboratory staff.
- Review progress made by MOH, JSI and EGPAF towards pharmacy logistics electronic systems interoperability .
- Participate in the review of the latest WHO 2016 ART guidelines and identify changes to consider for adaptation to Zambia guidelines
- VMMC commodities preparation of budget and purchase order
- Attend one health shops stakeholders meeting in Lusaka
- Support laboratory and pharmacy staff in line with PEPFAR pivoting and ACT initiatives
- Assess performance of PIMA CD4 Point of care analyzers and follow up on externalization of EQA results .
- Monitor viral load testing at ADCH PCR Laboratory and all provincial PCR testing centers.
- Continue review of equipment sustenance strategies after three training events with major equipment vendors, Provincial Biomedical Scientists (PBS) and Provincial Medical Equipment Officers (PMEO)
- Training of laboratory health care workers in equipment use and maintenance .
- Monitoring the functionality of laboratory equipment and ensure routine servicing and maintenance of laboratory and pharmacy equipment.
- Conduct VL study for validation of DBS: will commence August and end November 2016. Study sites include Arthur Davison Children's Hospital, Solwezi General Hospital and Kabwe General Hospital

#### **TECHNICAL SUPPORT FOR NEXT QUARTER (July-September 2016)**

- Catherine Mundy – Principal Technical Advisor for Laboratory Services
- Helena Walkowiak – Principal Technical Advisor for Pharmaceutical Services

**ZPCT IIB Extension Project Achievements April-June 2016**

	Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Apr – Jun 2016)		
		Targets (Dec 15 – Dec 16)	Achievements (Dec 15 – Jun 16)	Male	Female	Total
1.1 Counseling and Testing (CT) services						
	Service outlets providing CT according to national or international standards	310 (287 Public, 23 Private)	320 (299 Public, 21 Private)			320 (299 Public, 21 Private)
	Individuals who received HIV/AIDS CT and received their test results	618,521	351,922	78,130	75,175	153,305
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT)	791,410	460,684	78,130	118,183	196,313
	Individuals trained in CT according to national or international standards	230	185	16	14	30
1.2 Prevention of Mother To Child Transmission (eMTCT) services						
	Health facilities providing ANC services that provide both HIV testing and ARVs for eMTCT on site	306 (286 Public, 20 Private)	318 (298 Public, 20 Private)			318 (298 Public, 20 Private)
	Pregnant women with known HIV status (includes women who were tested for HIV and received their results)	176,522	113,327		44,935	44,935
	Pregnant women Newly initiated on treatment during the current pregnancy(Option B+)	9,287	6,670		2,797	2,797
	Health workers trained in the provision of PMTCT services according to national or international standards	200	74	0	0	0
Family Planning						
	Number of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services	306 (286 Public, 20 Private)	318 (298 Public, 20 Private)			318 (298 Public, 20 Private)
	Health workers trained in the provision of FP services according to national or international standards	160	20	0	0	0
1.3 Treatment Services and Basic Health Care and Support						
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	310 (287 Public, 23 Private)	320 (299 Public, 21 Private)			320 (299 Public, 21 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children)	315,748	285,378	103,686	176,124	279,810
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	27,795	17,703	8,721	8,783	17,504
	Service outlets providing ART	158 (138 Public, 20 Private)	162 (142 Public, 20 Private)			162 (142 Public, 20 Private)
	Individuals newly initiating on ART during the reporting period	45,640	25,030	3,558	6,826	10,384
	Pediatrics newly initiating on ART during the reporting period	12,035	1,426	300	334	634
	Individuals receiving ART at the end of the period	289,678	276,391	102,223	174,168	276,391
	Pediatrics receiving ART at the end of the period	27,562	17,313	8,625	8,688	17,313
	Health workers trained to deliver ART services according to national or international standards	925	440	0	0	0
TB/HIV services						
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	310 (287 Public, 23 Private)	320 (299 Public, 21 Private)			320 (299 Public, 21 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	3,227	1,174	247	188	435
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	625	440	0	0	0
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service	10,551	6,042	1,438	813	2,251



Indicator	Life of project (LOP)/Work Plan		Quarterly Achievements (Apr – Jun 2016)		
	Targets (Dec 15 – Dec 16)	Achievements (Dec 15 – Jun 16)	Male	Female	Total
outlet					
<b>1.4 Male Circumcision services</b>					
Service outlets providing MC services	51 (48 Public, 3 Private)	54 (51 Public, 3 Private)			54 (51 Public, 3 Private)
Individuals trained to provide MC services	90	60	21	9	30
Number of males circumcised as part of the minimum package of MC for HIV prevention services	57,855	39,119	20,458		20,458
<b>2.1 Laboratory Support</b>					
Laboratories with capacity to perform clinical laboratory tests	136 (116 Public, 20 Private)	146 (126 Public, 20 Private)			146 (126 Public, 20 Private)
Individuals trained in the provision of laboratory-related activities	229	120	0	0	0
<b>2.2 Capacity Building for Community Volunteers</b>					
Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	415	143	0	0	0
Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	625	176	13	38	51
<b>3 Capacity Building for PHOs and DHOs</b>					
Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	16	16			16
<b>4 Public-Private Partnerships</b>					
Private health facilities providing HIV/AIDS services	23	21			21
<b>Gender</b>					
Number of pregnant women receiving PMTCT services with partner	63,083	45,510		18,885	18,885
No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	164,481	86,377	11,467	21,948	33,415
<b>Quality Assurance/Quality Improvement</b>					
Number of PEPFAR-supported clinical service sites with quality improvement activities implemented that address clinical HIV program processes or outcomes and have documented process results in the last 6 months	12	12			18

## QUARTERLY PROGRESS UPDATE

### Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets.

#### 1.1: HIV testing and counseling (HTC) services

441 public and 30 private (471) facilities provided HTC services in the six ZPCT IIB supported provinces in April and May. In June 2016, after operationalization of the PEPFAR pivot, ZPCT IIB continued to support 320 health facilities in HTC services including 21 private health facilities across 45 districts as well as through community based HTC services. A total of 153,305 clients were tested and counseled and received their results, of which 40,419 were children. Out of all those tested and counseled, 11,889 tested

HIV positive 11,046 adults and 843 children) and were referred for enrollment into HIV care and assessment for eligibility for cART.

Project technical assistance focused on:

Increasing access to HTC through community based e HTC services: During this reporting period, ZPCT IIB conducted mobile/outreach HTC activities, and these were intensified during the week leading up to the national VCT day. During this period, a total of 50,681 clients were tested out of which 828 tested HIV positive and were referred for HIV care, treatment.

- Couple targeted HTC: This intervention is ongoing and has been strengthened at all the facilities with ZPCT IIB technical staff continued mentorship of HCWs and lay counselors on the importance of promoting couple HTC and ensuring effective linkages to care and treatment for those who test positive. Referral to VMMC for negative male partners and referral to family planning is also ongoing. All HIV negative male partners were referred for VMMC. 14,527 HTC clients and 14,257 eMTCT clients received HTC as couples and 572 were discordant and all were referred for care and treatment according to the National Guidelines for treatment and prevention. Risk reduction, behavioral change and safer sex practices was emphasized to all clients with emphasis to discordant couples.
- Integrating HTC into other clinical health services: HTC integration into FP, VMMC, TB and STI is ongoing at all supported facilities. A total of 14,305 FP clients with unknown HIV status were provided with HTC. 3,881 males seeking VMMC were provided with HTC as part of a minimum package for VMMC; 5 tested HIV positive and were referred to care and treatment. 981 TB clients had an unknown HIV status, out of which 695 received HIV testing and counselling, and 76 tested HIV positive and were referred for care and treatment services.
- HTC services for children: this is on going with a total of 40,419 children having been tested for HIV during this reporting period. 1,585 children were tested in under-five clinics while 5,157 were tested in pediatric wards across the six supported provinces. Of those tested, 843 tested HIV positive and were linked to treatment, care and support services.
- Integration of screening for gender based violence (GBV) within HTC services: This activity is ongoing. During this reporting period, a total of 18,040 HTC clients were screened for GBV and, those that needed further support were referred to other service areas such as counseling, medical treatment, PEP, emergency contraception and legal aid.

### ***1.2: Elimination of mother-to-child transmission (eMTCT) services:***

During the quarter under review 436 public and 24 private health facilities provided eMTCT services in April and May while in June based on the PEPFAR pivot implementation, 318 sites provided eMTCT services in the six ZPCT IIB supported provinces. As part of routine ANC services, 44,935 ANC clients were tested for HIV using the opt-out strategy, with same day results. Out of the 44,935 tested and counselled, 2770 (6,1%) tested HIV positive, collected results and 2,797 were initiated on cART within MNCH. Out of 14,855 mothers who re-tested during subsequent ANC visits, 265 (1,8%) tested HIV positive and were initiated on cART. A total of 4,159 HIV positive ANC pregnant mothers received ARVs to reduce the risk of MTCT. Working in collaboration with the PMOs and DMOs, ZPCT IIB technical staff monitored and mentored staff in the provision of Option B+.

A total of 2,770 pregnant women tested HIV positive out of which 2,797 were initiated on cART including those HIV positive women who were missed in the last quarter.

Almost all HIV positive pregnant and breast feeding women together with HIV infected male partners were being initiated on cART within MNCH. Capacity building for HCWs and eMTCT lay counselors in Option B+ is ongoing.

- Strengthening early infant diagnosis (EID) of HIV for exposed infants: the ZPCT II B technical staff continued to mentor and support HCWs and community counselors on the importance of DBS collection at six weeks and six months as this remains one of the main priorities of the technical assistance in this quarter. Prompt provision of results to the care taker was key in promoting initiation of treatment of all exposed babies with a reactive HIV result. A total of 4001 exposed infants were virologically tested between 2 and 12 months out of which 137 (3.4%) were reactive to HIV.
- Re-testing of HIV negative pregnant and breastfeeding women: ZPCT II B Technical staff continued working in collaboration with the DMOs, ZPCT IIB supported health facilities to strengthen retesting of pregnant and breastfeeding women who tested HIV negative early in pregnancy or before delivery, from 32 weeks thereafter and during postnatal period with emphasis on correct and accurate documentation in the eMTCT registers. During this quarter under review, 14,855 pregnant and breastfeeding women were re-tested and 265 clients tested HIV positive (sero-converted) representing a 1.8% sero-conversion rate. Those who sero-converted were initiated on cART according to the current national consolidated guidelines for treatment and prevention of HIV infection.

### ***1.3 FP/HIV integration activities:***

Activities to promote FP and HIV integration in the supported sites continued and ZPCT IIB technical staff conducted routine onsite knowledge and resource sharing on the concept of FP/HIV integration. FP integration in ART services are ongoing in the 12 old and 87 expansion FP/HIV integration sites. A notable achievement during the quarter was the increase in the number of sites implementing and reporting on FP/HIV integration services from the initial 12 sites to 99 sites including some expansion sites.

- Six skills based FP trainings were conducted for HCWs in the previous quarter, during which pretesting of the revised FP training manuals was done. Feedback from this pre-test was used during the finalization of the revised national FP training packages undertaken during the quarter under review with ZPCT IIB support. The manuals will help to standardize the way trainings will be conducted in future.
- Following trainings conducted for HCWs in the previous quarter, post training follow up is ongoing to further strengthen their skills and competence in inserting and removing IUCDs and implants such as jadelle. Secondly, monitoring to encourage the development of health center level guidelines and systems that was started in North Western and Copperbelt was extended to other provinces spearheaded by ZPCT II Technical staff.
- Arising from guidance by the national FP TWG, ZPCT IIB continued to provide technical assistance to HCWs providing FP services to expand the method mix to also include the use of emergency contraceptives for clients who were eligible to use this method such as sexual assault victims.
- The distribution of instruments and equipment to the facilities as part of scale up support was completed during the quarter under review.

Overall during this reporting period, a total of 8,412 HTC clients were referred for FP and (including those referred from other services such as post-natal) were provided with FP services. In addition, a total of 4,213 ART clients were referred for FP services and 5,027 ART patients were provided with FP services. 1068 clients received LARC services during this quarter under review. Arising from onsite mentorship activities, the numbers of facilities implementing and reporting on FP and HIV integration activities has increased.

ZPCT IIB staff participated in a market assessment to assess the possibility of introducing a lovenorgesterel coated IUCD (LNG-IUS) in Zambia. This was being done in collaboration with Society for Family Health (SFH). ZPCT IIB technical staff took a lead in conducting key opinion leader interviews while SFH staff collected data from HCWs, FGDs with women who are users and also the non-users of the different contraceptive methods. Facility assessments were also conducted. This data is currently being transcribed and analysed by FHI 360 and results will inform the national FP TWG. During this quarter, a total of 1068 clients were provided with the long acting methods. Clients also continued to receive other methods of their choice including short term methods and condoms based on voluntary and none coercive counselling.

#### ***1.4: Antiretroviral Therapy (ART)***

During the quarter, introduction of the PEPFAR reduced the overall number of ART supported sites. In June 2016, the number of supported sites providing ART services dropped from 169 to 142 public and 23 to 20 private health in the six ZPCT IIB supported provinces. The biggest adjustments were seen in Northwestern province where six districts represented by 7 ART sites were dropped in Kasempa, Mufumbwe, Kabompo, Zambezi, Chavuma and Ikelengi. All the 162 ART facilities provide both pediatric and adult ART services.

During this quarter, 10,384 new clients (including 634 children) were initiated on antiretroviral therapy. 75 were HIV positive individuals in HIV discordant couples and 2,458 were HIV positive pregnant women that were identified through the eMTCT program and 79 in the ART clinics. Cumulatively, there are now 276, 391 patients that are receiving treatment through the ZPCT IIB supported sites. This quarter, 103 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 4,213 patients in care were referred for FP services.

During the quarter under review, TA focused on the following:

- Consolidation of the differentiated care approach of community ART dispensing in pilot sites: The pilot study has since began in the 12 selected facilities supported by ZPCT IIB. A total of 307 self-selected groups of People Living with HIV have been formed so far.
- Strengthening retention in care: Community ART Tracking Register (CAT Register). These have been placed in all ZPCT IIB supported facilities. They are being used to document all tracking efforts done during follow-ups of patients who are late for pharmacy pick-ups.
- Post exposure prophylaxis (PEP): PEP services were provided in the supported facilities. Technical support was provided to the facilities to ensure proper documentation of information in the PEP registers. A total of 292 facilities reported on PEP services this quarter. A total of 211 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 83; exposure type II (occupational) 99; and other exposure 29.
- Updates in SmartCare Clinical Reports for Patient Management: The ZPCT IIB technical team has made follow up with the EGPAF team to have the developed new reports to start running. However, this has not yet happened because the software developers from EGPAF are short staffed and have not yet started to program the ZPCT IIB specific smartcare reports. It is hoped this will be resolved by next quarter after trial runs..

#### ***Pediatric ART activities***

This quarter, ZPCT IIB supported the provision of quality pediatric HIV services in 162 ART sites. From these facilities, 634 children were initiated on antiretroviral therapy. The focus of TA by ZPCT IIB for pediatric ART included the introduction of the Accelerated Treatment for Children (ACT):

- ACT related services: During this quarter, ZPCT IIB initiated services related to ACT with an initial planning for all key provincial project staff at which priority activities were developed. In the bottle neck analysis, it was noted that high volume sites would benefit from additional staff. A decision was made to recruit 16 clinicians who should be on site by first month of next quarter. Further, recruitment of community lay counselors is planned to cover all days in the in patient wards. Resources have been allocated to help in the tracing of HIV positive children in the community. Additional pediatric trainings and job aids have also been planned.
- Identifying and tracking positive children: focus is being shifted especially through two activities (i) Identifying and tracking backlog of HIV positive children in the community to be brought to the facilities for initiation and (ii) support to mentorship activities to ensure ART initiation for all children below 15 yrs.
- Strengthening early infant diagnosis of HIV and enrollment into HIV care and treatment: Pediatric ART continues to be monitored and is with time expected to improve in coming months because of enhanced eligibility criteria for all HIV positive children who are 15 years and below. The facilities that received positive results were followed up by ZPCTIIB staff to ensure that the care-givers were contacted and children initiated on cART. Technical support was provided across the six supported provinces in the follow-up and initiation on ART of HIV positive babies. Provincial laboratories are now able to do DNA PCR, which has reduced the turnaround time to one week in districts close to the labs. The highest PCR activities were noted in the Copperbelt province followed by Northern province. Data variables have been designed to help with tracking of this activity. ASWs and lay counselors and other community structures are given names of children in the Pre-ART registers for follow-up in the community and to ensure that they are brought to the facilities for initiation.
- Adolescent HIV services: ZPCT IIB supported adolescent HIV clinics. Adolescent meetings were held in the following facilities; Kabwe General Hospital, Ngungu, Makululu, Kapiri urban Clinic, Solwezi Urban Clinic, Solwezi General Hospital, Mufumbwe District Hospital, Mwinilunga District Hospital, Kamuchanga, Kakoso, Chimwemwe, ADH, Lubuto, Chipulukusu, Thomson Hospital, Nchanga North Hospital, and Chiwempala. Topics including reproductive health, disclosure and adherence were discussed. A total of 296 adolescents were involved in these meetings. Adolescent clinic days were also set at Kasempa urban clinic, Mwinilunga district hospital, Zambezi district hospital and Solwezi general hospital.
- National level activities: ZPCT IIB staff participated in a planning meeting to consider formulation of the 2016 revised Zambia Consolidated Guidelines where a draft roadmap was developed. The actual revision will start next quarter.

### ***1.5: Clinical palliative care services***

This quarter, the PEPFAR pivot has necessitated changes to the overall number of sites supported by ZPCT IIB including number of sites offering clinical care which has dropped from 440 to 299 public and 30 to 21 private health facilities. A total of 279,810 clients received care and support at ZPCT IIB supported sites (including 17,504 children) which included CD4 count assessment, provision of cotrimoxazole prophylaxis (septrin), nutrition assessment using body mass index (BMI), and screening for and management of TB, hypertension and diabetes as well as pain management.

- Screening for selected chronic conditions in patients accessing HIV services: As part of managing HIV as a chronic condition, PLHA attending HIV services were screened symptomatically for diabetes. During this reporting period, 29,558. PLHA were screened using the chronic HIV checklist (CHC).
- Nutrition assessment and counseling: ZPCT IIB supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 34,784 clients were assessed for nutritional status using BMI and the malnourished were referred accordingly.

- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 11,920 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed, such as further counseling, shelter, economic empowerment support, and paralegal services.
- Cotrimoxazole prophylaxis: This quarter, 6,711 clients were put on cotrimoxazole prophylaxis, and 2,555 exposed infants initiated on cotrimoxazole through the eMTCT program.

#### ***1.6: Scale up Voluntary Medical Male Circumcision (VMMC) services***

- Interventions to improve VMMC reach: This quarter, the PEPFAR pivoting reduced the overall number of VMMC supported sites from 61 (58 public and 3 private) to 54 (51 public and 3 private) health facilities. Again, as before the biggest drop in the number of sites is in Northwestern province. 20,458 males from the target age group 10-49 years were circumcised. Of these, 15,133 were conducted during the April campaign, 4,240 in May and 1,085 in June with static site numbers contributing 14,503 (70.8%) of males circumcised. Out of the total males circumcised this quarter, 16,202 were counseled and tested for HIV before being circumcised representing 79.1 % of all target age group VMMC clients. Of this number, 54 tested positive for HIV and were linked to care and treatment. There were 4,256 clients who were not tested for HIV due to stock out of HIV test kits at national level.
- Strengthening existing systems for coordinating MC programming: ZPCTIIB participated in the development and launch of the 2016-2020 National Operational Plan 2016-2020 at national and provincial levels respectively. This activity has contributed to bringing together implementing partners at national and provincial levels where the MOH uses the opportunity to lead and share strategic direction of the program.
- In addition, ZBCT IIB participated in all TWG meetings which supported the adaptation of the National VMMC QA/QI guidelines.
- Strengthening integrated service delivery: ZPCT IIB continued to work with other departments in the health facilities to strengthen internal referrals especially from MCH, OPD and HTC units. During the April-May VMMC 2016 campaign, ZPCT IIB staff worked with community mobilization and VCT teams to sensitize and refer clients for CT and VMMC. There was a national shortage of HIV test kits which adversely affected VMMC/CT integration.
- Support use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: During the reporting period, ZPCT IIB has continued to provide technical support based on findings from HPCZ accreditation tool earlier administered to improve identified gaps at respective facilities.

#### ***1.7: TB/HIV services***

This quarter, the PEPFAR pivot reduced the number of sites implementing TB/HIV from 471 to 310 health facilities. The focus for technical support included:

- Improving screening for TB: Because of continued low numbers of clients screened for TB in the HIV care clinics against the potential number of clients who pass through these clinics, technical assistance was strengthened and targets were given to the provincial offices on the number of clients to be screened for TB. 36,102 PLHA were screened for TB in clinical care/ART clinics. 1,495 were found to be symptomatic and were documented and referred for further management. The number of TB patients initiated on ART was 243 (132 known HIV positive and 111 newly tested for HIV). 132 patients were diagnosed with active TB and were started on treatment. 111 patients receiving HIV care and treatment were also receiving TB treatment. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.
- Initiation of all TB/HIV co-infected PLHA: ZPCT IIB mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. 208 of the clients were initiated on ART within 60 days of starting TB treatment compared

with 36 initiated after 60 days, while 143 TB patients were initiated on ART within 30 days of commencing TB treatment. Fewer clients are now being initiated after 60 days. Work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.

- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts (Kabwe, Ndola, and Kitwe) on implementing the one-stop center for TB and HIV services. The next step is to identify TB facilities that do not have ART services and training health care workers to manage TB/HIV co-infection.

### ***1.8: Public-private partnerships***

During the quarter, ZPCT IIB supported all the 30 private health facilities through onsite training for HCWs in the Zambia Consolidated guidelines and provision of new national ART guidelines (Consolidated ART Guidelines) to ensure adherence to national protocols. All the supported sites that have MoUs with fhi360 have been reporting service statistics to district health offices alongside with what is reported to ZPCT IIB.

### 1.9: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071

During the quarter under review, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia implemented the following activities:

- **Voluntary Medical Male Circumcision (VMMC) services:** All six PopART sites provided VMMC services. A total of 1488 MCs were done with 1215 clients being tested for HIV as part of VMMC services. Ndeke, Chimwemwe, Chipulukusu, Chipokota Mayamba, Ngungu and Makululu health centres participated in the April MC campaign activities. Part of the operational space at Ngungu facility (including MC operation space) was undergoing renovations, this resulted in referral of clients demanding for MC services to the nearby facility at Nakoli health centre. However, it is anticipated that renovation works will be completed in the next quarter and MC operations are expected to normalize. Makululu health centre experienced challenges with poor mobilizations of clients requiring MC services. Meetings were convened where health center MC providers, ZPCT IIB technical team and ZAMBART study intervention officers participated to work out solutions to improve client mobilizations. Technical team engaged Programs and recommended the need to assign a community volunteer with the task of strengthening client mobilization at Makululu health centre. Additionally, efforts are underway to improve intra facility referrals between VCT and MC; for example by equipping Lay Counselors in the VCT corner with job aids guiding how male clients with HIV negative status should effectively reach the MC service delivery point. The table below provides a summary of VMMC activities that were performed between April and June 2016.

Facility name	Number of MC clients pretest counselled, tested and received HIV results	Number of clients tested HIV negative	Number of clients tested HIV positive	Total number of males circumcised as part of the minimum package of MC
Chipulukusu	105	105	0	372
Ndeke	238	238	0	238
Makululu	72	72	0	74
Chimwemwe	256	252	4	256
Chipokota Mayamba	486	486	0	486
Ngungu	58	58	0	62
<b>Totals</b>	<b>1215</b>	<b>1211</b>	<b>4</b>	<b>1488</b>

- **Implementation of Option B+:** ZPCT IIB provided technical support towards implementation of Option B+ services. A total of 148 HIV positive pregnant and breastfeeding women were initiated on cART in the PopART sites.
- **Implementation of IPT:** enrollment activities of new clients eligible to receive Isoniazid (INH) 300mg tablets to prevent tuberculosis resumed towards the end of the quarter. A total of 81 new clients were screened, enrolled and dispensed with INH tablets (Makululu – 18, Chimwemwe – 2 and Chipulukusu, 61). Emphasis will be informing the other facilities that about availability of new stocks of the commodity at MSL. The Senior Advisor under Pharmacy followed up with MSL and confirmed availability of INH tablets.
- **Transitioning of PopART arms B and C to test and treat:** Ministry of Health approved ‘Test and Treat and included all the six PopART health facilities as additional Test and Treat pilot sites. The Ministry



is piloting Test and Treat in selected facilities in order to test the feasibility and acceptability at community level and compare outcomes in different models being implemented. From 25 to 29 April 2016, ZPCT IIB oriented health center and community based staff at Makululu, Ngungu, Chipokota Mayamba and Chimwemwe health centres. A total 141 staff (81 HCWs, 27 ZAMBART staff and 33 Community volunteers) underwent orientation. To facilitate staff orientation activities, ZPCT IIB and partners (ZAMBART and CIDRZ) updated the MOH transitioning training package to include PopART study specific updates. By second week of May 2016, all the four health centers had started implementing Test and Treat.

- Initiation of HIV positive clients based on PopART study criteria (“Test and Treat” irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal HTC with clients who test positive for HIV initiated on ARVs irrespective of CD4 count/WHO Stage as per study protocol. Active mobilization and linkage to care in Arms A and B continued. Despite transitioning to Test and Treat, Arm C facilities (standard of care) have continued to provide services to clients accessing health facilities without active mobilization and linkage.

#### **April – June 2016 enrollment data in the Arm A facilities**

Facility name	Total HIV + individuals enrolled in care	Total HIV + individuals initiated on cART	HIV+ individuals initiated outside the national guidelines	Clients enrolled due to CHiPs intervention
Ndeke	168	170	25	40
Chipulukusu	199	127	23	56
<b>Totals</b>	<b>367</b>	<b>297</b>	<b>48</b>	<b>96</b>

The table above shows that out of the total of 367 HIV positive individuals that were enrolled into care during this reporting period, 96 had been enrolled after referral by the CHiPs (Community HIV care Providers) who conduct door to door HTC within the community.

#### **10: Public-private partnerships**

During the quarter, ZPCT IIB supported all the 30 private health facilities through onsite training for HCWs in the Zambia Consolidated guidelines and provision of new national ART guidelines (Consolidated ART Guidelines) to ensure adherence to national protocols. All the supported sites that have MoUs with fhi360 have been reporting service statistics to district health offices alongside with what is reported to ZPCT IIB.

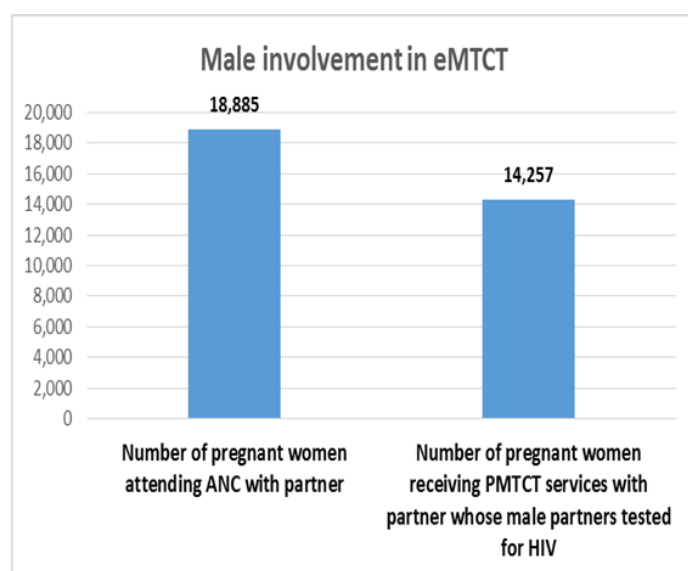
#### **11: Gender Integration**

ZPCT IIB continues to address gender based violence (GBV) as an HIV prevention strategy and quality of care issue. Post Exposure Prophylaxis is one intervention that ZPCT IIB promotes in the management of survivors of sexual assault. So far ZPCT has been using one indicator to track sexual assault survivors’ access to PEP. During the quarter under review, ZPCT IIB expanded the indicators to capture the outcome of PEP and retention of sexual assault survivors on the continuum of care. The expanded indicators will facilitate tracking of sexual assault survivors initiated and completing PEP, retesting at 3 and 6 months after PEP initiation and the re-test results. Orientation of Data Entry Clerks in the collection of data for the expanded indicators is on-going and will continue in the next reporting period. In addition, a technical strategy has been developed to guide medical management of survivors of sexual assault.

ZPCT IIB continues to facilitate screening of clients for gender based violence in HIV/AIDS service settings using the Chronic HIV Care (CHC) checklist to facilitate GBV disclosure and increased access to PEP and to mitigate the impact of GBV on HIV/AIDS service uptake. During the reporting period, a total

of 39,880 clients were screened for various types of GBV while 83 (76F/7M) survivors of sexual assault were provided with PEP.

ZPCT IIB has continued to promote men's participation in perceived "women's" health services such as antenatal and family planning and HIV/AIDS services through promotion of couple counseling.



During the quarter under review 18,885 pregnant women attended ANC with their male partner; 14,257 male partners who accessed PMTCT services with their pregnant women got tested for HIV; 2,493 couples were counseled about FP and accepted a contraceptive method and 14,527 couples received post HIV test counseling and collected results at HTC centers.

ZPCT IIB will continue to sensitize communities on the benefits of HIV testing including couple testing and disclosure of HIV status to partners.

ZPCT IIB continued collaboration with key gender stakeholders as well as the Ministry of Gender. During the reporting period ZPCT IIB attended the Anti-GBV quarterly meeting held on 16<sup>th</sup> June, 2016 at the Government Complex. The forum created an opportunity for stakeholders to share experiences and best practices in GBV responses. Presentations were made by the Child lifeline project, Zambia Centre for Communications Program, World Vision and the Ministry of Gender. ZPCT IIB identified opportunities for increased collaboration with ZCCP's men's network, and the use of toll free lines managed by Child line to timely report GBV cases involving children. A meeting has been planned among ZPCT IIB, ZCCP and World Vision to discuss and explore inter institutional learning on the men's network approach in addressing gender based constraints to HIV/AIDS service uptake.

## Task 2: Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services.

### 2.1: Maintain, expand, and strengthen pharmacy services

Currently 471 ZPCTIIB supported facilities of which 30 are in the private sector have a pharmacy or dispensary. In this quarter MSH provided technical support in pharmaceutical services to 68% (320) of these facilities. Ongoing technical assistance and mentorship were provided mainly to strengthen pharmaceutical management systems, supporting implementation of the community distribution of ARV drugs initiative, monitoring the stock levels of ARV medicines and medical supplies, operationalizing the SmartCare integrated module in the pharmacy department, and consolidating the pipeline for VMMC commodities for static and outreach activities.

- **SmartCare Integrated Pharmacy Module Database:** The pharmacy module has now been installed in a total of 134 facilities but is operational in only 85 (63%) of these for a number of reasons. Seventy-seven percent (77%) of the facilities installed with the tool were visited and provided with technical support and operational issues were resolved on site. SmartCare usage in the pharmacy was noted to be consistently high in the hospitals where staffing levels are adequate but this was not the case for some health centers due to high workload and the use of other tools resulting in less than optimal data entry. The inconsistent use of the SmartCare tool was further worsened by continued power outages leading to backlogs on data entry in about 22% of facilities visited. Facilities that experienced SmartCare/eLMIS conflicts started using completed manual SmartCare pharmacy forms to update the SmartCare electronic database. During this quarter, 24 computers were procured to replace old and nonfunctional computers and the Pharmacy unit worked closely with the IT Officer to ensure that the

computers were installed and networked at facilities. The SmartCare ART Non-Standard Regimen report indicated dispensations of phased out regimens (e.g. d4T/3TC/NVP) and verification checks revealed data entry errors, which have since been rectified. The Late for Pharmacy Pickup and Clinical Visits reports that could not be produced during the month of April were generated by the end of the quarter following onsite orientations.

- Pharmaceutical Management: During the quarter under review, a total of 18 nonfunctional air conditioners were reported from all the six provinces and 23 supported facilities were not monitoring temperature due to high workload and lack of room thermometers. It was also noted that some facilities were not adequately maintaining a clean environment in storage areas and had inadequate pallets resulting in the storage of some pharmaceutical products directly on the floors. The pharmacy unit in collaboration with the provincial Pharmacists in Luapula, Copperbelt, Central and Northwestern provinces provided focused technical support in good storage practices and monitoring standards in storage areas. The pharmacy unit will continue to assist affected facilities to acquire room thermometers, pallets, and functional ACs to uphold good storage practices of medicines and medical supplies.
- Rational Medicine Use: ZPCT IIB assisted MOH with the distribution of memos which provided guidance on the use of Atazanavir as preferred PI for second-line ART, and the use of pediatric Tenofovir in older children to all districts and facilities visited in the quarter. In every facility visited a few client files were sampled and reviewed to monitor adherence to recommended regimens and a majority of the facilities were in compliance with the Zambia ART consolidated guidelines. The pharmacy unit will continue to strengthen Medicines and Therapeutics Committees (MTCs) and advocate for regular holding of MTC meetings as they provide a good opportunity for information exchange to improve rational medicines use. This will be coupled with orientation sessions on the current ART treatment guidelines to support continued availability of recommended medicines and medical supplies.
- Implementation of Option B+: All facilities visited (320) were offering Option B+ services in the MCH department and were knowledgeable in the ordering procedures for needed ARV drugs. The pharmacy unit provided technical support in the area of commodity management in support of Option B+ for eMTCT. This included supply chain coordination at facility level resulting in drug availability and management of inventory tools for medicines and medical supplies in the MCH department.
- Male Circumcision Program: VMMC commodities were distributed to all the provinces in support of routine and outreach VMMC activities. During the month of April, commodities were ordered and distributed to VMMC facilities for the school holidays campaign. The short-dated Lignocaine 2% (expiry date of June 2016) was utilized during this period and none of the sites had any challenges with the acquisition of MC supplies.
- TB/HIV Interventions: Implementation of the IPT strategy among eligible clients for TB prevention in PLHIV continued to be supported and pilot sites maintained the few clients on Isoniazid despite the erratic supply of the product. The provinces did not receive any additional supplies due to lack of stock at the national level and staff were advised to halt further enrollments and maintain the existing clients until the commodity re-supply was assured. In addition, there was no stock of Pyridoxine and we continued to follow up on this with the national tuberculosis program (NTP). A knowledge gap in the new ART guidelines was noted in some pharmacy staff from all the six provinces and on-the-job trainings were conducted to complement the Ministry of Health 3I's training and the Zambia Consolidated ART guidelines training.
- Community ART Distribution: A total of about 200 self-select groups were formed at the 12 pilot sites in the six supported provinces. Only 72% of the groups formed received ARVs from the pharmacy using this initiative, whilst the rest accessed drugs on individual basis. The number of groups collecting ARV supplies from ART pharmacies increased from 110 at the beginning of the quarter to 144 by the end of the quarter. Where there was a shortage of stationery, adequate supply was provided and documentation has since improved. To date a few clients have declined to be part of the initiative. A series of meetings to be facilitated by ZPCT IIB have been scheduled to share experiences with MOH

staff and review the differences in implementation patterns so as to provide interventions to address any challenges. The pharmacy unit will continue working with CC/ART unit to ensure smooth implementation of the strategy at all pilot sites.

- **Supply Chain Management:** MSH participated in national-level activities focused on planning for various commodities in support of the ART, PMTCT, opportunistic infection and STI, MC, reproductive health, and other programs closely linked to HIV/AIDS services provision:
  - ARV Logistics System Status: 29 supported facilities reported low stocks of tenofovir/lamivudine/efavirenz (TLE) during the quarter under review. This led to stock rationing and patients with 3-month reviews were put on a monthly re-fill schedule. The low supply was due to delayed delivery by MSL, and the Pharmacy team facilitated the redistribution of the product to affected facilities. This helped to rectify the stock imbalances and prevented stock outs. The situation has since normalized following the delivery of commodities at the end of the quarter. Other products that were not stocked according to plan included pediatric lopinavir/ritonavir (Alluvia), nevirapine suspension, abacavir/lamivudine (ABC/3TC) and efavirenz (EFV) 600mg. These medicines were overstocked and the excess was retrieved and taken to the provincial hospitals with high client numbers. An inventory of expired tenofovir/lamivudine/efavirenz was conducted and only about 1,800 bottles were recorded as pending disposal.
  - Essential Medicines Logistics Improvement Program: All the facilities visited (320) had some essential medicines available including reproductive health medicines and supplies such as Jadelle, Depo-Provera, IUDs, Noristerat, Microgynon, Oralcon, and male condoms. However only about 44% (141) of visited facilities had emergency contraceptives due to continued low demand. District Pharmacy staff have been advised to ensure the commodity is constantly available at the DMO stores. Some expired commodities found at some sites were removed from the shelves and quarantined and the staff were mentored on the importance of the FEFO concept and proper storage specifications.
  - Post Exposure Prophylaxis: The pharmacy unit provided the necessary technical support to the facility staff and urged the staff to order PEP medicines and regularly monitor the expiry of PEP products as the uptake is very low. PEP registers were also supplied to the facilities.
- **Guidelines and Pharmacy Standard Operating Procedures:** The final draft of the pharmacy standard operating procedures manual was submitted to the FHI360 procurement team to solicit for quotations for typesetting and printing 5,000 copies to distribute to facilities

## ***2.2: Maintain, expand, and strengthen laboratory services***

This quarter, MSH supported 146 laboratories in public health facilities and 25 laboratories in private health facilities, with 131 of these laboratories having the capacity to provide HIV testing and CD4 count analysis or total lymphocyte count analysis. MSH provided support through technical assistance, equipment maintenance, training, and placement of equipment.

- **PCR laboratory at Arthur Davison Children's Hospital:** At the national level, reagents and consumables for viral load testing and early infant diagnosis were available and testing continued consistently. The laboratory was, therefore, able to provide results to facilities primarily based in the Copperbelt province as well as facilities from other provinces that were still sending in samples to ADCH.. All districts have worked out mechanisms for transporting plasma samples to the two testing centers based in Ndola. During the quarter, 4031 viral loads were done and 4557 early infant diagnosis tests were performed. The CAP/CTM 96 continues to be monitored as per the agreement with the vendor BIOGROUP and during the period under review, there were no major incidents.
- **PCR Mansa:** The laboratory continues to provide early infant diagnosis and viral load testing to Luapula province. In collaboration with the provincial medical office, mechanisms have been worked out for the delivery of plasma samples from across the province. Cold chain requirements have been a challenge but where possible, samples are being delivered to the testing centers within prescribed

times. During the period under review, the lab was able to test 1036 specimens for viral load and 584 DBS for EID.

▪ Provincial PCR Updates:

*Kabwe General Hospital:* During the period under review, the laboratory was able to run 584 VL and 1062 DBS for EID. Through collaboration with PMOs and DMOs, MSH will focus effort on creating demand by exploiting the scale up of the door-to-door HTC and the use of indexed clients as another point of entry into the community.

*Solwezi General Hospital:* This quarter saw 372VL and 452 DBS for EID processed. VL test numbers were affected by the national stock out of EDTA containers.

*Kasama General Hospital:* During the quarter, 159 viral loads and 509 early infant diagnosis were tested.

*Ndola Central Hospital:* For the period under review, 3356 viral load samples were tested. EID samples are not being tested at the center but are being processed at the ADCH laboratory.

- Monitoring new PCR Testing processes: During the quarter, MSH continued to monitor testing activities in the provincial PCR laboratories performing VL and EID and further encouraged regular engagement of the provincial biomedical scientist in matters relating to scale up. MSH facilitated through ZPCT the procurement of uninterrupted power supply (UPS) units rated at 5 KVA for each CAP/CTM 48 unit in the respective provincial labs. These units will sustain PCR testing in the event of power outages for at least 3 hours and will allow for proper shutdowns critical to the proper use of the PCR units. The period under review was also characterized with a VL mapping exercise to determine sample collection points, sample processing points, equipment required, delivery mechanisms, and sample aggregation hubs.
- Internal quality control: The completed and finalized database reports generated by ZPCT Laboratory Technical Officers will now provide comprehensive information on equipment monitoring activities. MSH rolled out the collection of data on equipment functionality, location, servicing required, and due dates for vendors to provide service activities. The full benefit of this approach will be realized at the end of a 6-month period. Because this approach is still in its infancy, MSH will concentrate on ensuring that data is collected first and processed at an appropriate interval. It is anticipated that results will guide implementation of a specific intervention for equipment sustenance and maintenance. Also, monitoring of MoH approved IQC forms continued.
- External quality assurance: MSH supported the MoH approved external quality assurance programs as follows:
  - CD4 External Quality Assistance (EOA) Program: MSH continued to review UKNEQAS CD4 EQA feedback reports from enrolled facilities. CD4 absolute and CD4 percentage results continue to be monitored and facilities on average are performing within two standard deviations. MSH proposed corrective actions to facilities that have been performing inconsistently.
  - HIV EQA Program: Feedback for the first panel sent out in January 2016 has not been received by some facilities enrolled in the program. Because the panels are only sent out twice a year, MSH will review performance after feedback for each cycle.
  - Chemistry EQA Program: MSH continued to monitor the performance of the 9 enrolled facilities on the Royal College of Pathologists of Australasia Chemistry Quality Assurance Program (RCPQAP). The program is still in its infancy, therefore, some sites are in the process of settling down. MSH continues to monitor performance reports and continues to provide guidance on corrective actions for any poorly performing sites.
  - 10th Sample Quality Control for HIV testing: During this quarter MSH continued to examine quality control activities in the testing corners and worked collaboratively with CT colleagues to

make sure this is regularly done. Evidence of this was verified in the daily activity registers in well over 90% of the HIV testing corners.

- EQA and TB diagnostic activities: TB EQA activities remain largely unchanged as support for it has dwindled with the close out of TB Care. However, TB diagnostic activities at facility level continued during the quarter with TB smear microscopy and Gene X-pert in select facilities providing lab diagnostic services. ZPCT IIB has begun to attend to challenges on the Gene X-pert software from sites where the analyzer has been placed as it is unclear from the vendor who the in-country support engineer is.
- Commodity management: During the quarter, supplies supporting the viral load and early infant diagnosis were very stable with assurances from national procurement mechanisms that the situation would continue as such until the end of the year. CD4 reagents for testing on the FACS Count were stable throughout the quarter and supplies for the PIMA point of care were stable as well. Chemistry supplies for the Cobas C111 were available throughout the quarter while the Sysmex Poch 100i haematology analyzer enjoyed a consistent supply of reagents. The supply of EDTA containers critical for CD4, full blood counts and viral load testing normalized during the quarter after a major national stock out in the previous quarter. Complementary plain containers were also replenished. Option B+ supplies such as RPR and pregnancy tests were available throughout the quarter as well. Facilities continue to manage their stocks using good commodity practices such as regular stock card entries, stock taking and submission of reports to the logistics management unit at MSL.
- Equipment Maintenance: Equipment due for servicing was followed up collaboratively with the provincial medical equipment officers. MSH therefore, advised PMEO on servicing due on the various analyzers and facilitated or encouraged communications between the two entities. During the quarter, however, scheduled servicing by Becton Dickinson and Scientific Group was largely on track while Biogroup servicing lagged behind with some analyzers not having been serviced in the past year. The vendor has been notified and mechanisms are being explored on how to prevent recurrence.

CD4 Point of Care testing - PIMA Functionality: The replacement of SIM cards for modems responsible for externalizing quality assurance results to the ALERE server commenced during the quarter with Central Province. It is expected that all the provinces will have SIM Cards replaced in all the modems to by the end of the next quarter. High throughput sites particularly on the Copperbelt and in Central Province experienced a number of breakdowns. Broken down analyzers were therefore delivered to the vendor for repairs and were promptly attended to

### ***2.3: Develop the capacity of facility HCWs and community volunteers***

This quarter, ZPCT IIB supported the following trainings:

- Youth CT HCWs: A total of 30 HCWs trained in Luapula, Northern and Muchinga Provinces
- Adherence Counselling Refresher Lay: A total of 25 community volunteers trained in Copperbelt province.
- Adherence Counselling HCWs: A total of 20 HCWs trained in Northwestern province.
- Male circumcision : A total of 30 HCWs trained in Central and Northern provinces.

In addition ZPCTIIB participated in the following activities:

- Participated in finalizing Family Planning package
- Participated in finalizing CBD training package

Training Course	Province	Training Dates	Number Trained
Youth CT HCWs	Luapula & Northern	03 -09 April 16	30
		Total	30
Adherence Counselling Refresher Lay	Copperbelt	04-06 April 2016	25
		Total	25
Adherence Counselling HCWs	Northwestern	04-08 April 16	20
		Total	20
Male Circumscion	Central	04-13 April16	15
	Northern	04-13 April16	15
		Total	30

#### **2.4: Support for community volunteers**

ZPCT IIB supported 1,419 community volunteers (327ASWs, 538 HTC Lay counselors and 554 eMTCT lay counselors) this quarter. The volunteers participated in various community mobilization activities such as adherence support to ART clients, demand creation for HTC, VMMC, eMTCT, safe motherhood and clinical care services. There were 836 volunteers who received their monthly transport stipend using the automated ZANCO Bank XAPIT system, 438 volunteers received their payments by cash and 142 volunteers through Airtel mobile money transfer.

Project supported community volunteers referred clients as follows:

- **HIV testing and counseling (HTC):** Lay counselors at the ZPCT IIB supported facilities mobilized and referred 13, 712 (9,526 females and 4,328 males) for HIV counseling and testing (CT). A total of 13,522 (9,194 females and 6,606 males) reached and accessed services at the facilities.
- **Elimination of mother-to-child transmission (eMTCT):** eMTCT volunteers referred clients to access eMTCT services, plan for delivery at the health facility, and provided information to expectant mothers. This quarter 8,627 expectant mothers were referred for eMTCT services and 8,201 accessed the services at health facilities across the six supported provinces.
- **Clinical care:** Clients were referred to various HIV related clinical services such as TB, ART, and STI screening and treatment, and palliative care. A total of 5,335 (3,069 females and 2,266 males) were referred for clinical care and 3,733 (2,282 females and 1,451 males) reached the facility and accessed the services.
- **ART:** This quarter, adherence support workers (ASWs) visited PLWHA who are on ART for peer support to promote adherence to ART treatment and to locate those lost to follow-up and re-engage them to services. ASWs visited and counseled 1,828 HIV positive clients (1,072 females and 756 males), and these were referred for further management at the supported facilities. A total of 579 clients (3, 20 females and 259 males) reached the facility and accessed the services.
- **Voluntary Medical Male Circumcision (VMMC):** During this reporting period, volunteers mobilized and referred 3,233 males for VMMC at static sites and a total of 2,535 males were circumcised. There was no mobile VMMC conducted in the quarter under review. As a standard practice, all males were tested for HIV before being circumcised.

## ***2.5 Engage communities/faith-based based groups in the provision of HIV/AIDS and related service***

In the quarter under review, ZPCT IIB worked with community-level stakeholders and structures to consolidate community involvement in service demand creation and delivery. The focus was on increasing uptake of HTC/eMTCT, ART and ensure retention in HIV care in line with the WHO 90, 90, 90 targets.

In this quarter, ZPCTII B started the process of consolidating sustainable partnerships, including through support for the following entities:

### **▪ Faith based groups:**

In the quarter under review, the project continued monitoring religious groups that were trained and engaged as key advocates for HIV prevention, care and treatment in the selected provinces and districts. This quarter, 3 religious leaders (1 in Kitwe, 1 Solwezi and 1 in Central Province) were identified and they will be trained in mobilizing communities to increase uptake of Adult and Pediatric ART, family planning, couple counselling, eMTCT, HTC, VMMC and advocate for retention in HIV care.

### **▪ People living with HIV/AIDS support groups:**

This quarter, the project continued engaging groups of Network of Zambian People living with HIV/AIDS (NZP+) across the six supported provinces as entry points for increasing ART adherence, retention in care and promoting positive health behaviors.

Five (5) NZP+ members, who were trained in key prevention, care and treatment promotion skills were engaged in following –up clients who missed their clinical or pharmacy appointments. A total of 387 were tracked and referred to health facilities. 330 reached the facilities while 316 accessed the services.

### **▪ NHCs and other community based structures:**

By the end of this quarter, ZPCTIIB was still in the process of identifying existing NHCs and other community based structures to be trained and engaged in tracing loss to follow-up clients and link them to treatment.

## ***2.6 Support established district referral Networks.***

ZPCT IIB continued coordinating with the PMOs, DCMOs, District AIDS Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks. This quarter the project identified 10 additional district referral networks that scored low in an assessment conducted before the extension of the project. Selected DRN will receive technical assistance to review and update referral tools, particularly, referral forms, registers and service directories. On-site orientation of the 10 identified DRNs will be conducted to ensure that referrals appropriately link facility and community services in a comprehensive continuum of care for PLHIV.

## **Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions**

### ***3.1: Joint Assessment and Planning Process***

ZPCT IIB technical staff in collaboration with the DCMO' staff conducted joint technical support to all visited facilities with focus on the performance gaps and challenges isolated during the previous quarter and data review meetings. Joint monitoring of QI projects by GRZ and project staff were carried out in all the provinces. Follow up of facilities that had an onsite orientations on developing the QI-Project using the



facility data through the use of the concept of the PIA Framework was done. The ZPCT IIB staff attended facility Data Review Meetings during the review period as a way of helping the facilities to identify the gaps in their data and showing them how the identified gaps are potential QI-Project to work on and bridging with facility approved interventions. Meetings were held with PMOs, DCMOs, and health facility management.

### ***3.2: Provision of Capacity Strengthening TA and Related Support***

ZPCT IIB provided capacity strengthening (CS) TA as follows:

- Equipment maintenance: There were few activities done in this area. An assessment was carried out in Copperbelt province of the air-conditioning requirement at Mushili clinic, and the unit was installed by MOH engineer using the capacity strengthening initiative.
- Integration of services: Integration of services continued to be the main focus for technical support during reporting quarter. Twenty two (22) sites out of 30 FP/ART Integration expansion sites were supported with technical support in Copperbelt province. Attention was on ensuring that supplied equipment was placed accordingly, newly trained FP LARC providers were practicing, temporary FP/ART Integration registers were provided and on-going orientation on the use done. 4,206 FP clients were linked to HTC, 3825 received HTC services. All the clients who tested positive were referred to ART for care, treatment and support. However the shortage of HIV test kits reduced the numbers. 3,982 ART clients received FP services.
- Clinical mentoring: Joint mentorship visits were conducted with selected GRZ staff in Central, Northwestern and Luapula provinces. These were held with the provincial Biomedical Scientist to 2 Laboratories and 4 eMTCT sites in Mwinilunga District. Mentorship was also provided to the DHIO and DEC for Mwinilunga District as they were being prepared to take lead in IT activities for all the health facilities in the District. With the help of a Senior Provincial Health Information Officer (SHIO), there was an intensive mentorship and training in various IT technical skills for the DHIO and the DEC. These included Computer Hardware, Software Installations, Basic Networking skills and general troubleshooting. The IT officer in collaboration with the SHIO will continue to monitor progress and offer guidance where gaps are being noted. Strengthened DMO ability to supervise volunteers in the clinical areas like TB. The areas of mentorship included Lab, IT, commodity management, ART (Adult and Paed), HTC/eMTCT, and equipment maintenance. Issues tackled were arising from CD4 tests and commodity management.
- Commodity management: In Kabwe, a QI project was identified in the pharmacy module where almost all the clients were late for pharmacy pick up. One of the root causes was the eLMIS/SmartCare conflict, not entering the pharmacy component that was not being entered by pharmacist and the lack of SmartCare linkage to the pharmacy. To address this as a start, the teams decided the Data Entry Clerks enter the pharmacy component of SmartCare and also have the IT Officer link the Pharmacy to SmartCare. Northwestern province conducted joint ART commodity management orientation meeting with Pharmacy unit.

#### Quality assurance and quality improvement (QA/QI):

- Kasama Urban Health center and Kawambwa district hospital QI team representative were supported to attend the National QI review meeting where they made presentations on their QI projects. The in charge for Kasama urban presented their QI project on following up and retesting of HIV exposed babies at 6 and 12 months. They improved retesting from 205 for 6 month age group and 11% for the 12 month age group to 100% which they have maintained for more than 6 months. In this presentation, we learnt how the lay counsellors work together with the facility staff and are motivated through recognition without any monetary forms of motivation which has worked well. Kawambwa district hospital also presented their QI project on initiation of cART in HIV positive children under 15 years through improving the referral system of HIV positive children from the children's ward to ART clinic.

The initiation improved from 26 to 100% of all eligible children. Some of the provincial staff participated in the SIMS assessments conducted by USAID in Copperbelt province.

- QA/QI Tools were administered in 16% of the facilities by the different program staff who instituted some remedial actions taken. These included technical assistance and mentorship and communicating good practice standards according to the national guidelines. In facilities with some stock outs, commodities were delivered. Of the facilities assessed, 86% achieved the graduation standard of 80% quality of services.

## **STRATEGIC INFORMATION (M&E)**

### **Monitoring and Evaluation (M&E)**

During this quarter, routine M&E processes were conducted, including detailed cascade analysis of several ZPCT IIB program areas such as TB/HIV, eMTCT, Clinical Care and Male Circumcision. The M&E procedure manual was also revised to include new approaches on how clients on current indicators are to captured this was in strategies such as GBV, TB/HIV and family planning at the facility level.

During the period under review, ZPCT IIB SI/M&E staff entered data in DATIM for the FY 16 quarter 2 on all the required indicators to be reported. ZPCT IIB SI/M&E Staff supported the Data Entry Clerks in conducting data reviews in their respective facilities. Provincial data validations were conducted in readiness for FY 16 Semi Annual DATIM data entry and reporting.

The ZPCT IIB SI/M&E team also finalized the list of facilities to be supported under the ZPCT IIB second extension period based on the PEPFAR Pivot.

ZPCT IIB SI/M&E staff collaborated with MOH and other partners by participating in reviewing and updating HMIS tools as well as printing of these tools. Working with MOH and other partners, ZPCT IIB provided technical support in the testing of new SmartCare software and an update patch to correct the noted challenges with reporting tables in smartcare which has been rolled out for installation at facility level. ZPCT IIB staff collaborated with with EGPAF on the finalization of reviewed mapping of indicators in the new SmartCare version to match with the ZPCTIIB summation form. During the quarter under review, ZPCT IIB supported all the QI projects being conducted in all the provinces. Updating of DHIS 2 by Data Entry Clerks was done for facilities from Kabwe, Kapiri, Ndola and Chililabombwe in collaboration with MoH. The ZPCT II SI/M&E Team in North-Western and Copperbelt participated in all the SIMS visits made by USAID in some selected facilities.

### **Capacity building activities**

On-site mentorship was provided to facility staff on the changes in the new SmartCare version as well as orientation of Data Entry Clerks on data management on this new version. Overall mentorship of the Data Entry Clerks in data management in all technical areas was conducted in collaboration with the DHIOs. HCWs and Lay counselors were mentored in documentation in all the technical trainings conducted. The SI team provided support in updating the PCR Lab database and also conducted onsite orientation to all the technical staff at the PCR Lab.

During the quarter, ZPCT IIB collaborated with MoH through its established QA/QI support systems in the facility, district and province in supporting and monitoring the implementation of quality improvement activities across the six supported provinces. Technical support during this quarter was focused on the following strategies:

*Quality Assurance/Quality Improvement Assessments:*

During the quarter, ZPCT IIB carried out internal QA/QI assessments using the internal QA/QI tools. The tools are designed to assess the adherence to national guidelines and minimum standards of service provision in all supported sites.

## **RESEARCH**

During the period under review, the following were the key operational research activities:

### **1. Manuscript development:**

ZPCT IIB continued to address comments from peer reviewed journals on the following manuscripts:

- (i) Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
- (ii) Evaluating the effect of mobile health technology (Program Mwana) on the rate of ART initiation in HIV infected children below 18 months.
- (iii) Retrospective review of non-IRIS TB among ART patients.

### **2. Manuscript submission:**

The following manuscript was submitted to the Bio-med central journal

- (i) Assessing outcomes of referrals between HIV and FP services in Zambia: the Zambia Prevention, Care and Treatment (ZPCT) II experience

### **2. Presentation of abstracts to regional and international conferences**

The following abstracts were presented at the 10<sup>th</sup> INTEREST Workshop:

- (i) Finding the first 90 % to achieve epidemic control (Poster Presentation)
- (ii) Frequency and factors associated with excess weight among HIV Positive Individuals in Mansa District, Zambia (Poster Presentation)
- (iii) Factors Associated with Virologic Failure in HIV Infected Individuals in Mansa district, Zambia (Poster Discussion)
- (iv) Traditional leaders increase HTC uptake: The Case of Chief Mulonga's Chiefdom, Solwezi District, Zambia (Poster Presentation)

In addition, two of three abstracts were accepted as poster presentations at the 21<sup>st</sup> International AIDS Conference 2016 which will be taking place in July 2016.:

- (i) HIV and Syphilis among Female Sex Workers (FSWs) in Zambia: Results of Behavioral & Biologic Surveillance Survey 2015.
- (ii) Reaching the first 90 % in a generalized epidemic: what else will it take?

Another two abstracts have been accepted as poster presentations at the HIV Research for Prevention Conference taking place in Chicago in October 2016

- (i) Implementation of Option B+ in selected parts of Northern Zambia- early lessons learnt.
- (ii) Assessing Impact of Traditional Circumcisers as Agents to Improve Access To Quality VMMC Services in NW Province, Zambia.

### **3. Upcoming operational research studies**

- 1. Option B+ in Zambia: Uptake, retention in care, mother to child transmission rates and strategies to increase ART enrollment after the operationalization of Option B+. The protocol has been finalized and will soon be submitted for ethical review.
- 2. Assessing the validity of dry blood spot specimens for routine HIV viral load testing in the northern part of Zambia. Both ethical and MOH approvals were received and the project is finalizing activities to facilitate operationalization of the study within the next few weeks..

### **4. Collaboration with University of Zambia School of Medicine (UNZA SOM)**

The collaboration with UNZA SOM has continued in the ZPCT IIB. This partnership allows for ZPCT IIB to engage Master of Public Health (MPH) students from UNZA SOM as interns and provide them with information needed to complete their research and dissertations. ZPCT IIB recruited two MPH students

(interns). The interns' completed writing their dissertations and defended them at the UNZA graduate forum.

## **PROGRAM AND FINANCIAL MANAGEMENT**

### **Support to MOH health facilities**

*Recipient agreements:* During this quarter, ZPCT IIB amended six PMO agreements to include project support to the PMO for the period June to October 2016, in addition to the DMO and general support for the same period. All 25 ZPCT IIB targeted renovations have been completed and have since been certified. The original 9 and additional 2 refurbishments (total 11) that were identified to be carried out in the costed extension are to be re-advertised due to the delay in the award of the costed extension that resulted in expiry of the bid validity period.

### **Mitigation of environmental impact**

ZPCT IIB continues to monitor management of medical waste and ensure environmental compliance in all of its supported health facilities as per USAID approved Environmental Mitigation and Monitoring Plan (EMMP), by ensuring waste is segregated in color code bins, ensuring availability and proper use of sharp boxes, ensuring burning pits and disposal sites are fenced off to prevent scavenging.

During the quarter, the project conducted mobile HTC and VMMC in various locations. During the mobile HTC and VMMC, the project ensured that the waste was managed according to the USAID approved Environmental Mitigation and Monitoring Plan (EMMP) by ensuring that at each of the sites, the team placed bio-hazard bags and sharp boxes for medical waste disposal. During the HTC implementation process, used needles and other sharp implements were stored in sharp boxes while soiled cotton wool and used disposable gloves were kept in bio hazards bags. After the exercise, sharp boxes and the bio-waste bags were transported to the health facility for disposal under the supervision of a trained health facility staff.

### **Procurement**

This quarter, ZPCTIIB procured stationery such as fifteen thousand (15,000) suspension files, fifteen thousand (15,000) manila folders & fifteen thousand (15,000) file fasteners; including one hundred & forty five (145) various toner cartridge sizes.

ZPCTIIB additionally procured various commodities and reagents as well as equipment and furniture for the health facilities such as thirty (30) stacking chairs, one hundred & twenty (120) filing cabinets, thirty (30) swivel chairs, thirty (30) office tables, five thousand four hundred (5,400) various registers, fourteen (14) hemocues, forty (40) adult scales with height measure, one hundred & twenty (120) motorcycle, ten (10) ABX pentra C200, six (6) ABX Micros ES60, nine (9) CD4 facs count machines, five (5) clinical chemistry analyzers (C111) and two (2) humalyzer 2000.

Some of the goods have been received and distributed to the provincial sites while others will be distributed as and when deliveries are made from the vendors.

### **Human Resources**

Training and Development: 40 ZPCT IIB staff attended trainings this quarter as listed below.

- Strategic Office Management and Administration.

- Receptionists and Administration Assistants.
- Financial Planning, Budgeting, Risk Management and Internal Control Workshop
- Monitoring and Evaluation Qualitative Data Analysis.
- Corporate Messengers and Drivers Workshop.

### **Information Technology**

Final implementation of office 365 at all ZPCT IIB offices was completed and all users are now using OneDrive for file storage and Skype for business for meetings and conferencing. Office 365 cloud-based office suite has greatly increased data security and will reduce communication costs.

FHI360 has been moving in a direction where more cloud-based technologies will be implemented to enhance connectivity and data access. In addition to already implemented cloud technologies such as Office 365 and Azure backup, plans are underway to upgrade all office user operating systems to Windows 10. Windows 10 is better optimized for the cloud and greatly enhances mobility. Cloud technologies will ultimately cut down on costs related to server, network and security hardware and appliances. Windows 10 is now being tested in readiness for implementation at all offices.

Kasama office relocation was completed successfully and all information technology equipment and connections are fully functional at the new site.

In the last quarter the Private APN data link via the Airtel mobile network was completed. The Private APN provides a data circuit directly from supported facilities to ZPCT IIB offices and greatly improves data flow from the remote facilities to ZPCT IIB servers in Lusaka. One hundred and fifty Huawei B315 CPE routers to be located at the health facilities have been procured and will be installed at supported facilities in the next quarter.

### **FINANCE**

- Pipeline report: The cumulative obligated amount is \$58,361,839 out of which ZPCT IIB has spent US\$ 38,493,596 as at June 30<sup>th</sup>, 2016. The total expenditure to date represents 66% of the cumulative obligation. The historical burn rate as at the end of the reporting period is at US\$1,749,709.90. This expenditure is expected to increase in the next quarter when we are expected to procure motor vehicles, medical supplies, solar and medical equipment. Additionally, we expect to receive invoices from our subcontractors. Trainings have continued in all the six Provinces.

### **Reports for April - June 2016:**

FHI360 submitted one Invoice (SF1034), for deliverable eighteen as per contract payment schedule.

### **Trainings and Financial Reviews During the Quarter**

The following took place during the quarter under review:

- The Finance Unit travelled to Senegal, Senegal in May 2016 to attend the annual finance meeting that is held to discuss pertinent issues in the FHI360 finance project management life cycle
- The Compliance Unit travelled to the Copperbelt, North-Western and Northern Provinces during the quarter to provide compliance training to the various field office staff as well as conduct quarterly compliance reviews.
- The Procurement Unit travelled to Luapula, Central, North-Western and Copperbelt Provinces during the quarter. The purpose of the trips was to conduct reviews in procurement processes as well as provide technical assistance in procurement policies and procedures to the field teams.

- The Contracts Management Services unit travelled to North-Western Province to reconcile the Sub-awardee Financial Reports to the CER General Ledger. This was in relation to the close-out of DCMOs.
- The Administration unit travelled to North-Western, Central, Luapula, Northern and Muchinga Provinces to conduct physical verification of inventory as well as review asset registers in the field offices.

### **Audits During the Quarter**

The FHI360 Office of Compliance and Internal Audits (OCIA) team based at the FHI360 HQ and Kenya offices with support from compliance personnel from the South Africa and Zambia offices conducted an internal audit of the FHI360 Zambia Country Office during the quarter. They also travelled to the Copperbelt and North-Western Provinces field offices. In addition to the audit, the OCIA team conducted compliance training for all FHI360 country office staff.

## **KEY ISSUES AND CHALLENGES**

### **National-level issues**

- **Laboratory commodity stock-outs:** Pentra C 200 creatinine was completely stocked out during the quarter. Meanwhile reagents for performing AST and ALT analyses were out of stock until the end of the quarter when reagents were received. Min Clean for the ABX Micros haematology analyzer was stocked out during the quarter and this adversely affected full blood count testing. HIV test kits were unavailable at the beginning of the quarter and persisted into the month of May, however, the situation normalized towards the end of the quarter. Haemocue micro cuvettes were stocked throughout the quarter.
- **SmartCare Integrated Pharmacy Module:** The placement of two systems (SmartCare and eLMIS) that have a dispensing module was viewed as a challenge to users at some facilities, especially where they are required to enter identical data into both systems. This necessitated a discussion to create an interface to link both systems. The resolution of making the two systems interoperable is still under discussion and requires further deliberations.
- **ARV Stock Imbalances:** The following commodities were not stocked according to plan (either overstocked or understocked) at the national level during the quarter under review and this resulted in isolated stock imbalances at some service delivery points – tenofovir/lamivudine/efavirenz (TLE) had expired in some facilities were quarantined and are due for disposal. New stock with a good expiry date was sourced from MSL and delivered to all sites using the recommended MOH distribution channels. Some pediatric lopinavir/ritonavir (Alluvia), nevirapine suspension, abacavir/lamivudine (ABC/3TC) and efavirenz (EFV) 600mg were overstocked at some sites and were redistributed within the affected provinces.
- **Equipment functionality:**
  - HumaLyzer 2000 chemistry analyzers: During this quarter, the functionality of this platform was generally stable across all provinces and in some facilities it's now acting as a backup analyzer. The MoH has begun placing the Cobas C111, which is a fully automated chemistry platform designed for low throughput centers. This analyzer is steadily replacing the Humalyzer as the main chemistry analyzer in some district labs.

- FACSCount CD4 machines: The quarter experienced stability because all analyzers were functional and breakdowns were resolved at the facility level while some were resolved by the recently trained provincial medical equipment officers.
- FACSCalibur: The platform was functional in all the *centers*, *however*, it continues to be underutilized and the vendor Becton Dickinson *is* addressing this underutilization.
- ABX Micros hematology analyzers: The performance of this robust platform across ZPCT IIB supported facilities has been stable, breakdowns have been attended to within a three-week timeframe.
- ABX Pentra C200: Generally, stable performance was experienced through the quarter across all provinces.
- Sysmex pocH 100-i: No major incidents were reported during the quarter

### **ZPCT IIB Programmatic Challenges**

#### **▪ Specimen referral for CD4 count assessment**

During the period under review, only 2540 samples were referred for CD4 testing to labs with CD4 testing capacity. This drastic drop in numbers was largely due to the national stock out of EDTA containers. Stocks have been replenished and it is expected that next quarter numbers will increase.





## ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (April-June 2016)	Travel plans for Next Quarter (July-September 2016 )
<ul style="list-style-type: none"> <li>Lameck Nyirenda, Chiteta Musole and Innocent Mwila travelled to Senegal from May 30<sup>th</sup> to 3<sup>rd</sup> June 2016 to attend the SI/M&amp;E global meeting.</li> </ul>	
<ul style="list-style-type: none"> <li>Nancy Zyongwe travelled in the quarter to conduct the following activities:</li> <li>Facilitated at the Clinical Skills Training course for health workers from ZPCT IIB supported facilities.</li> <li>Facilitated at the QI orientation for senior MOH directors and deputy directors in Livingstone.</li> <li>Facilitated at the National QI review meetings in Kitwe and Livingstone.</li> <li>Facilitated at the clinical mentorship harmonization meeting with MOH and other partners supporting clinical mentorship.</li> </ul>	
<ul style="list-style-type: none"> <li>Dr. Prisca Kasonde travelled to Washington DC on the 15<sup>th</sup> June 2016 to participate in the annual data review meeting with the HPTN 071 leadership team.</li> </ul>	

## ANNEX B: Meetings and Workshops this Quarter (April-June 2016)

Technical Area	Meeting/Workshop/Trainings Attended
HTC/eMTCT	<p>2<sup>nd</sup> April 26<sup>th</sup> 2016: ADH TWG Meeting held at NAC:</p> <p>The purpose of the meeting was to share and discuss TORs for the National ADH TWG task force and the formation of ADH TWG at Provincial/District level. In addition, the ADH annual work plan was reviewed, MDG programs supported by UNICEF in eleven districts and activities supported by Marie Stops were also presented.</p> <p>May 12<sup>th</sup> 2016: Launch of Comprehensive Sexuality Education Books held at Munali Boys Secondary School.</p> <p>The launch was officiated and done by the Minister of General Education in the presence of a number of cooperating partners and stakeholders. In his key address the minister thanked all for coming and appreciated the introduction of sexuality education in the schools curriculum.</p> <p>May 31<sup>st</sup> 2016: Planning meeting for the National VCT day held at NAC</p> <p>About twelve partners were in attendance and the discussion was on the preparations for the VCT day. During the meeting it was reported that the test kits were available, speech was to be finalized and that NAC was to write and distribute invitation letters. It was agreed that resources needed for the VCT day were to be met by all partners.</p> <p>April-28 Family Planning TWG meetings held at the Child Health Unit, in Lusaka</p> <p>The meeting reviewed minutes from the previous meetings. During the April meeting, the discussions centered on the need to introduce Sayana Press; a preloaded injection of Depo-Provera to be provided by CBDs. The meeting agreed to proceed with registering the commodity so that USAID could fund this procurement. The meeting also agreed on the composition of the Safety committee that would be responsible to monitor that CBDs were providing quality and safe FP services after government policy shifted to allow this cadre to provide injectable Depo-Provera. Also the meeting agreed on the dates for finalization of both CBD and FP training manuals. The meeting also resolved to engage a consultant who help to lead the process of developing a communication strategy with funding support from UNFPA. The meeting debated the M&amp;E framework tools on FP/HIV integration that were worked on and pretested with support from EGPAF and resolved that the tools be presented at the national FP annual review meeting planned for June</p> <p>20<sup>th</sup> April Conference Meeting</p> <p>ZPCT II B is coordinating a market assessment for possible introduction of a hormonal IUCD – levonogestrel (LNG-IUS). ZPCT staff participated in conference meetings between SFH Lusaka and SFH Washington and FHI360 Washington in order to monitor progress achieved in data collection and data transcribing. The project was course according to the plan.</p> <p>24<sup>th</sup> May CBD Task Force Meeting</p> <p>ZPCT staff attended the meeting during which it was resolved to recirculate the draft road map developed following government amending the policy to allow CBDs to be providing injectable Depo-Provera and that a meeting be planned to incorporate this information before the document can be finalized. The meeting also discussed the need to take forward activities of registering Sayana Press. Also the meeting requested ZPCT staff to compile a list of all documents that had been developed under the FP TWG and the CBD task Force and make presentation at the subsequent FP TWG so that government is made to realize the need for finalizing these documents</p> <p>26<sup>th</sup> May FP TWG meeting held at the MOH, Lusaka</p> <p>ZPCT IIB technical staff presented an outline of all documents that had been developed over a period of time but had not been validated and approved by government. Government also agreed to ensure these documents were finalized, validated and signed off. There was also a presentation from Ministry of Finance on the economic dividends that can be accrued over a period of time if FP</p>

Technical Area	Meeting/Workshop/Trainings Attended
	<p>was made part of the National Development plan linking with other vital sectors such the education sector The main discussion focused on planning for the annual meeting which was held in June</p>
	<p>9<sup>th</sup> June 2016 VCT Day planning meeting held at NAC:</p> <p>ZPCT IIB technical staff attended a planning meeting at NAC for the National VCT Day commemoration where each supporting organization was able to pledge their support for this day. FHI360 pledged to support the Launch.</p>
	<p>16 June 2016 VCT Day Preparatory meeting:</p> <p>ZPCT II B technical staff attended a meeting in Mumbwa in the company of CARE staff, and team from FHI3Kabwe. Our support for the VCT day preparation and how we were going conduct the activities on the actual day of the VCT day commemoration.</p>
	<p>26 – 29 June, 2016 Mentorship harmonization meeting at Fairmont Hotel, Livingstone</p> <p>The puporse of the meeting was a collaborative meeting with partners to harmonize mentorship tools and align tools to the MOH plan and vision. Partners present at this meeting included Millenium Development Goals Initiative (MDGi), Centre for infectious diseases research in Zambia (CIDRZ), USAID Systems for Better Health (SBH), Clinical Officer Surgical Training in Africa (COST-Africa), Jhpiego, and General Nursing Council (GNC). MOH institutions present were MOH HQ, Southern Provincial Medical Office (SPMO), Levy Mwanawasa and University Teaching Hospital (UTH). In this meeting consensus was reached concerning the need for harmonized mentorship tools which were simple to use and easy to make dashboards which could be viewed at all level of the health system</p>
	<p>28<sup>th</sup> June 2016 VCT Preparation metting in Mumbwa district.The purpose of the meeting was to confirm that what was pledged by FHI360 was done and set for the commemoration of the VCT day to take place of 30<sup>th</sup> June 2016. We also travelled to the school out ofMumbwa town where the event was to take place. Indentification of the start point was dome and agreed by all who attende the meeting.</p>
	<p>30<sup>th</sup> June 2016 VCT day commemoration in Mumbwa district:.</p> <p>Attended the lauch of the VCT day commemoration in Mumbwa where FHI360 supported the lauch. All the pledged that was made by FHI360 was fulfilled, and HTC activities continued where a stand was mounted for Lay counselors to conduct HTC and get information on what FHI360 was and where they are located in Lusaka and in the supported facilities in the six provinces.</p>
	<p>8-10<sup>th</sup> June National Annual Review Meeting held in Lusaka at Ndozo Lodge.</p> <p>ZPCT II B technical staff at national and provincial level participated in the meeting. Provinces presented on the progress that was made from 2015 to 2016 June. Arising from the meeting province were requested to go back and a results based progress report and not mere narratives and also to come up with 2017 plans that were broad and results based within the six focus areas of demand generation, commodity procurement and supply chain, service delivery and access, supervision, monitoring and coordination, Financing, environment, Policy and environment.</p>
	<p>13-17 June: ZPCT staff attended a meeting at Waterfalls that finazlized FP training manuals. All the comments from the pretesting were analysed and incorperated, the flow of the modules in the trainers and participant manuals were aligned and all technical information was updated in line wth the national FP guidelines and WHO recommendations. Missing pieces including the acknowldgement page were witten</p>
	<p>21-23 June: Meeting to finalize the CBD strategy was held in Kafuel at South Park Resort. The document was reviewed and information on injectable Depo-Provera was incorporated</p>

Technical Area	Meeting/Workshop/Trainings Attended
Clinical Care	18-19 June 2016: VMMC Standardization workshop, Chingola The agenda was to review all consumable packs and reusable instrument sets content and agree on a national MC Consumable Pack and Reusable Instrument Set that will be used across the country for the VMMC programme. The workshop also agreed on a standard product list that will be adhered to across the country for the VMMC programme
	19 to 2 May 2016: PrePex active surveillance SOPs development meeting, Chisamba  ZPCT IIB participated in the development of National Standard Operational Procedures to be used for the active surveillance phase of the Prepex device which was prequalified by WHO
	7 June, 2016: TWG QA/QI meeting at MOH, Lusaka  The meeting was aimed at getting QA/QI performance updates from the MOH and partners. The meeting concluded by agreeing to finalise and clean up the final QA/QI guidelines in readiness for submission to MOH.
Laboratory	April 7, 2016: MSH attended a national SLMTA preparatory meeting at Ministry of Health with partners CDC, APHL and Mary Land Global Initiative. The main thrust of the meeting was to plan for training events across the country.
	13-17 June 2016: MSH attended the National Quantification for HIV Test Kits and Laboratory Commodities convened by the Ministry of Health and supported by Supply Chain Management Systems (SCMS). Plans for procurement were finalized at this meeting and submitted to SCMS.
Pharmacy	April 18 – 20, 2016: ARV Drugs Forecasting & Quantification Annual Meeting The MoH with support from Supply Chain Management Systems (SCMS) project funded by USAID conducted a three (3) day meeting for ARVs and cotrimoxazole quantification. The objective of this meeting was to forecast and plan for the 2017 – 2021 procurement period. This is in keeping with the need to ensure adequate supplies of ARVs and cotrimoxazole are made available
	April 25 - 29, 2016: eLMIS Strategy Meeting The MoH with support from Supply Chain Management Systems (SCMS) project funded by USAID conducted a one (1) day review meeting for ARVs and cotrimoxazole. The objective of this meeting was to assess the need to make adjustments to the forecast and planned procurement. This is in keeping with the need to ensure adequate supplies of ARVs and cotrimoxazole are made available
	June 8 – 11, 2016: Pharmaceutical Society of Zambia (PSZ) AGM The PSZ held their pharmacy awareness week under the theme “Reducing Disease Burden Through Pharmaceutical Care” from 7 <sup>th</sup> of June, 2016, which culminated into an exhibition, scientific session and annual conference from 8 <sup>th</sup> to 11 <sup>th</sup> June, 2016.
	June 27 – 29, 2016: National Health Strategic Plan Development Process Meeting The MoH called for this consultative meeting for the development of the first draft of the NHSP for 2017 – 2022.
PopART	25 April 2016; ZIMT quarterly meeting ZPCT IIB participated in the quarterly meetings where all partners provide updates on implementation activities.
Capacity Strengthening	<b>April 3 to 8, 2016</b> <b>Clinical Training Skills Training – Chilanga, Lusaka</b>  Nancy was part of the team that conducted the five day Clinical Training Skills (CTS) workshop for the project and MOH staff. There were 13 ZPCT IIB staff and 9 MOH District staff. The participants were taken through the modules using a variety of training methodologies which was based on Adult Learning Theory (ALT). These included: reading, written activities, group work discussions, role plays, preparing and making presentations including co presentation. Feedback was received from the participants and certificates of competence were issued.  April 15, 2016 National Transition Steering Committee (NTSC) meeting with MOH staff – Chongwe, Lusaka  Nancy was part of the organizers of this meeting with MOH senior leaders. The purpose was to reorient senior leaders from MOH on the transition plan and work together to plan to begin implementation of some transition activities. The background, approach, rationale of the need to

Technical Area	Meeting/Workshop/Trainings Attended
	<p>transition as well as a summary of the actual transition plan was shared with MOH staff. MOH also made presentations on the Swap Structure for donor coordination as well as development of an M&amp;E plan for transition activities.</p> <p><b>Key resolutions and action items/follow up items</b></p> <ol style="list-style-type: none"> <li>1. The next meeting would be on 29<sup>th</sup> April</li> <li>2. The secretariat would be Nancy from ZPCT IIB and Dr Crispin Moyo from MOH.</li> <li>3. Strengthened communication and coordination between MOH and ZPCT IIB</li> <li>4. NTSC meetings will be held monthly with quarterly reviews at the end of the quarter.</li> <li>5. NTSC meetings to be held at MOH.</li> </ol> <p>April 26-28, May 3-5, 2016 Senior MOH leaders orientation in QI– Livingstone</p> <p>Nancy was part of the team facilitating at this workshop for MOH directors and deputy directors. Participants were taken through the development and application of QI. Leaders were also taken through the QI strategy of the MOH, Performance Improvement Approach (PIA) history and discussions were held around Performance Assessment and how this was aligned with Quality Improvement. Participants were able to appreciate their contribution towards quality service provision to the clients by timely procurement of good commodities and release of finances on time for use by service providers.</p> <p>April 26-28, May 3-5, 2016 Clinical Mentorship harmonization meeting – Livingstone</p> <p>ZPCT IIB spearheaded this initiative and hosted several meetings at the Lusaka office to bring together MOH with various partners that support clinical mentorship to harmonize the mentorship program as part of building capacity in MOH to transition clinical mentorship. Nancy attended the Mentorship collaboration meeting to harmonize mentorship tools and align tools to the MOH plan and vision where she made a presentation on the ZPCT IIB mentorship strategies. Partners present at this meeting included Millennium Development Goals Initiative (MDGi), Centre for infectious diseases research in Zambia (CIDRZ), USAID Systems for Better Health (SBH), Clinical Officer Surgical Training in Africa (COST-Africa), Jhpiego, and General Nursing Council (GNC). MOH institutions present were MOH HQ, Southern Provincial Medical Office (SPMO), Levy Mwanawasa and University Teaching Hospital (UTH). In this meeting consensus was reached concerning the need for harmonized mentorship tools which were simple to use and easy to make dashboards which could be viewed at all level of the health system. Discussions were held around:</p> <ul style="list-style-type: none"> <li>• Need for tools that show competence levels and allow measurement of metrics that can be repeated over-time and reviewed regularly to verify knowledge and skills. These need to be linked with dashboards which can best be hosted by DHIS2 – a priority for MOH to have a global view of the country with regard to competence levels. It has been realized that this program needs electronic tools that simplify work, production of reports and eliminate heavy paper work</li> <li>• Approach to finalizing the final mentorship framework and how to activate it including the tools, SOPs, training, curriculum development at Chainama and funding.</li> <li>• Starting point would be to redefine the framework and review the national guidelines. This would include structures, operationalization, and development of tools, reporting, implementation and development of dashboards.</li> <li>• On what we have now: some tools available, strategies and platforms there, mentorship ongoing by partners but fragmented and not coordinated, central level not aware of what partners are doing or the resources they spend on mentorship.</li> <li>• Plan is to see how to equitably redistribute available resources, keep track of mentorships and resources and occasionally pool resources.</li> <li>• Need to bring together and maximize our impact nationally</li> <li>• Aim of the roadmap is to define the system which has clear areas of investments that partners can see and buy into in order for system to run and partners support a system that works and that they are comfortable with</li> </ul> <p><u>Next steps</u> Smaller team meet to put this work together and develop a comprehensive plan to be presented to the MOH for approval by PS and Minister of Health. The team to put it together will include: Dr</p>

Technical Area	Meeting/Workshop/Trainings Attended
	Nancy Zyongwe, Dr Jonas Mwale, Dr Victoria Musonda, Dr Lisulo Walubita, Dr Crispin Moyo and Ms Lastina Lwatula.
Strategic Information	<p>8<sup>th</sup> June 2016: PEPFAR's new Site Improvement Monitoring System called SIMS 2.0 training</p> <p>SI unit participated in PEPFAR's new Site Improvement Monitoring System called SIMS 2.0 whose objectives were to</p> <ul style="list-style-type: none"> <li>• Review the newly revised SIMS 2.0 tools,</li> <li>• Pre-visit preparations,</li> <li>• and post-visit processes for both USAID and implementing partners</li> </ul>

### ANNEX C: Activities Planned for the Next Quarter (April – June, 2016)

Objectives	Planned Activities	2016		
		July	August	September
Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).				
1.1: HIV testing and counseling (HTC) services	Provide ongoing technical assistance to all supported sites	x	x	x
	Train HCWs and Lay counselors in HTC courses.	x	x	x
	Monitor the community based HTC activities that have been implemented (Door to door and patient index) in 14 selected sites, ensure escorted referral of all clients testing HIV positive to the health centre, with a written slip.	x	x	x
	Escort clients who tested HIV-positive from HTC corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	x
	Improve follow up for HTC clients testing HIV negative by giving them the review cards, and tell them the benefits of re-testing three months after the first test and referring them appropriately to MC, FP & other relevant community based services.	x	x	x
	Strengthen HTC services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	x
	Strengthen access of HIV services by males and females below 15 years	x	x	x
	Strengthen routine child HTC in all under five clinics, and in the children’s laying in wards	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	x
	Ongoing strengthening the use of HTC services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes.	x	x	x
	Strengthen implementation of PHDP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	x
	Strengthen couple-oriented HTC in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	x
	Strengthen integration of routine HTC to FP, TB, MC and other services with timely referrals to respective services.	x	x	x
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	x
	Conduct mobile HTC for hard to reach areas in collaboration with CARE international	x	x	x
	Strengthen referral from mobile HTC for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including eMTCT, ART, clinical care and prevention	x	x	x
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	x

Objectives	Planned Activities	2016		
		July	August	September
	Strengthen integration of gender into HTC programming during HTC courses in collaboration with ZPCT II Gender unit	x	x	x
	Screening for gender based violence (GBV) within HTC setting	x	x	x
1.2: Elimination of mother-to-child transmission (eMTCT) services	Strengthen the use of community eMTCT counselors to address staff shortages	x	x	x
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/eMTCT lay counselors.	x	x	x
	Routinely offer repeat HIV testing to HIV negative pregnant women three months after the initial test, and 32 weeks and thereafter (women in third trimester ) with immediate provision of ARVs for those that sero convert	x	x	x
	Train HCWs and Lay counselors in eMTCT to support initiation and strengthen eMTCT services.	x	x	x
	Train/orient HCWs and Lay counselors in Option B+ from selected sites		x	x
	Operationalize and strengthen the use of the of the new 2014 eMTCT guidelines in the old facilities and new facilities	x	x	x
	Support the implementation of Option B+ within MNCH as part of eMTCT strategies	x	x	x
	Orient facility staffs on B+ option and ensure implementation at all facilities.	x	x	x
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	x
	Scale up support of FP equipment for LARCs services in 120 sites	x	x	x
	Training of more HCWs in provision of LARCs services		x	x
	Procure point of service hemoglobin testing equipment to facilitate provision of more efficacious AZT-based ARVs particularly in the new facilities	x	x	x
	Support the operationalization of the 8 year plan for FP	x	x	x
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted HTC and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	x
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	x
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	x
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	x
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	x
	Strengthen implementation/use of PHDP within eMTCT services for those who test positive through training using the PHDP module in the eMTCT training as well as incorporating PHDP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	x



Objectives	Planned Activities	2016		
		July	August	September
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2014 protocol guidelines and norms for service delivery within eMTCT setting	x	x	x
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	x
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	x
	Strengthen correct and accurate documentation of services in the service registers in all supported facilities	x	x	x
	Continue working with eMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	x
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	x
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT and family planning	x	x	x
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers from the community to the facilities for deliveries	x	x	x
	Integrate family planning and HIV services and improve access of FP services through effective referrals, and promote positive health dignity prevention with positives.	x	x	x
1.3: Antiretroviral Therapy	Conduct quarterly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs, palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	x
	Conduct training for HCWs and Lay counselors	x	x	x
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Implement the early TB-HIV co-management in all supported sites	x	x	x
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	x
	Improved PMTCT client linkage through training of MCH nurses in ART/OI and Pediatric ART for easy assessment and HAART initiation for eligible pregnant women and children	x	x	x

Objectives	Planned Activities	2016		
		July	August	September
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	x	x	x
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	x
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	x
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	x
1.4: Clinical palliative care services	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	x
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	x
	Strengthen implementation of Post Exposure Prophylaxis (PEP) activities in all supported facilities	x	x	x
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	x
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCT IIB supported sites	x	x	x
1.5: Scale up voluntary medical male circumcision (VMMC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 56 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	x
	Train 56 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	x
	Develop plan for post-training follow up and on-site mentoring all 56 trained HCWs staff by SSZ in all six provinces for the	x	x	x
	Develop and print VMMC Standard Operational Procedure Manual & Job Aids for all 56 MC sites	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: Increase emphasis on MC as routine service with increase documented referrals for all HIV negative males from CT/eMTCT and other departments Conduct training of HCW in MC skills to increase HR capacity at supported facilities	x	x	x
	Continue to enhance core VMMC services: Improve reach by tailoring interventions based on age group and geography (e.g., distribution of tents for MC	x	x	x

Objectives	Planned Activities	2016		
		July	August	September
	outreach activities in areas with inadequate infrastructure to support VMMC campaigns), Improve demand creation for static service delivery using interpersonal communication and fliers through specialized volunteer educators to promote MC within health center catchment areas; strengthen existing systems for coordinating MC programming at provincial/district levels			
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery: administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	
1.6: TB/HIV services	TB/HIV integration by supporting and improving documentation in all MOH register as well as collaborative facility meeting	x	x	x
	Strengthen implementation of the “3 Is” approach	x	x	x
	Support TB Presumptive register post intensified case finding of TB	x	x	x
1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071	Monthly visitations by Implementation Coordinator and Data Manager to the six PopART sites to monitor implementation of activities. Weekly visitations by the PopART Technical Officer to the six health facilities to provide technical support and ensure that ART/MC/Option B+/TB/STI services run without interruptions.	x	x	x
	Provide continued support for client enrollment/follow up activities and strengthen provision of quality HIV/AIDS services as recommended by the ART National Guidelines and PopART Study protocol.	x	x	x
	Provide relevant support to the health facilities to support implementation of PopART arms B and C transitioning activities.	x	x	x
	Continue to collaborate with ZAMBART and other implementing partners (MOH, PHOs and DHOs ) to improve client linkages from communities to health facilities for care.	x	x	x
	Continue to integrate HCWs and community volunteers to participate in the ZPCT IIB planned trainings	x	x	x
	To support the startup works for the implementation of one TB QI project at either Chipokota Mayamba or Chimwemwe H.Cs.	x	x	x
1.8: Public-private partnerships	Scale up ART at current sites to implement new GRZ guidelines that expand eligibility	x	x	x
	Continue the roll-out of Option B+ in eMTCT services	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: CT in all clinical services; eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution); FP referrals		x	
	Continue to enhance core HIV/AIDS services: Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents’ special needs strengthen implementation of the “3 Is” approach	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery;	x	x	s

Objectives	Planned Activities	2016		
		July	August	September
	administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process			
1.7: Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071	Monthly visitations by Implementation Coordinator and Data Manager to the six PopART sites to monitor implementation of activities. Weekly visitations by the PopART Technical Officer to the six health facilities to provide technical support and strengthen linkages for ART/MC/STI/Option B+ and TB screening, treatment and services. Strengthen continuous availability of services at the all the six PopART health centers. .	x	x	x
	Provide continued support for client enrollment/follow up activities and strengthen provision of quality HIV/AIDS services as recommended by the ART National Guidelines and PopART Study protocol.			
	Provide relevant support to the health facilities to support implementation of Test and Treat.			
	Support implementation of IPT in all the PopART health facilities.			
	Support implementation of ACT activities in the PopART health facilities.			
	Continue to collaborate with ZAMBART and other implementing partners (MOH, PHOs and DHOs ) to improve client linkages from communities to health facilities for care.			
	Continue to integrate HCWs and community volunteers to participate in the ZPCT IIB planned trainings.			
1.8: Public-private partnerships	Scale up ART at current sites to implement new GRZ guidelines that expand eligibility	x	x	x
	Continue the roll-out of Option B+ in eMTCT services	x	x	x
	Strengthen integrated service delivery and measure integration outcomes: CT in all clinical services; eMTCT in ANC/PC/MNCH; malaria education/prevention in ANC/eMTCT (with linkages to insecticide-treated net [ITN] distribution); FP referrals		x	
	Continue to enhance core HIV/AIDS services: Improve adolescent HIV services by sensitizing and/or training HCWs, volunteers and parents on HIV-positive adolescents' special needs strengthen implementation of the "3 Is" approach	x	x	x
	Support continued use and scale-up of facility QA/QI tools and processes to improve HIV service delivery; administer ZPCT IIB QA/QI tools, and implement QI projects to address identified gaps in service quality, strengthening sustainable QI capacity in the process	x	x	s
Gender	Monitor pace of gender integration in ZPCT IIB supported facilities		x	x
	Participate in external meetings with USG and non-USG partners including Ministry of Gender	x		x
	Train community volunteers in GBV screening and management	x		
<b>Task 2:</b> Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.				
	Provide comprehensive technical assistance to pharmacy staff in forecasting, quantifying, ordering,	x	x	x

Objectives	Planned Activities	2016		
		July	August	September
2.1: Maintain, expand and strengthen pharmacy services	and procuring ARVs and other HIV and AIDs related medicines and medical supplies to avert stock imbalances			
	Review and update ART Commodity Management training materials and conduct TOT for Provincial and district Pharmacy staff as part of transitioning process	x	x	x
	Provide mentorship to pharmacy staff in inventory management, storage specifications and commodity security to improve stock availability and avert stock imbalances at SDP; reviewing the national pipeline and assisting with redistribution of stock at different levels	x	x	x
	Provide ongoing technical oversight to provincial pharmacy technical officers including new staff	x	x	x
	Support pharmacy related activities to decongest ART pharmacies by the following mechanisms: fast tracking of stable clients on ART; three (3) month dispensation model and Community ART Distribution (CAD) initiative.	x	x	x
	Support roll out and implementation of SmartCare integrated pharmacy database for management of medicines and medical supplies and facilitate the SmartCare essentials training	x	x	x
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	x
	In support of the ACT initiative, ensure availability of adequate supply of user-friendly FDC/dispersible products to support scale up, and put in place plans to phase out less preferred products and quantify needs of products that facilitate adherence	x	x	x
	Conduct data quality checks at ART pharmacies to improve quantification data; support implementation of the nationally approved pharmacy database for management of medicines and medical supplies	x	x	x
	Participate in national quarterly review for ARV drugs for ART and eMTCT programs	x		
	Build capacity of community volunteers in dispensing practices to promote ART adherence and retention in care	x	x	x
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	x
2.2: Maintain, expand and strengthen laboratory services	Strengthen and expand the specimen referral system for dried blood spots, CD4, and other baseline tests in supported facilities	x	x	x
	Coordinate and support the installation of laboratory equipment procured by ZPCT IIB in selected sites	x	x	x
	Promote the use of new guidelines for both ART and PMTCT in line with MOH and MCDMCH guidance	x	x	x
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services	x	x	x
	Support the dissemination of guidelines for laboratory services.	x	x	x
	Monitor roll out of equipment and commodity database	x	x	x
	Monitor and strengthen the implementation of the CD4 and chemistry EQA testing program .	x	x	x

Objectives	Planned Activities	2016		
		July	August	September
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	x	x	x
	Finalisation and implementation of the viral load study using DBS (ADCH and Scaled up National)	x	x	x
	VL testing at ADCH PCR Laboratory	x	x	x
	Support roll out of VL & EID testing at provincial laboratories	x	x	x
	Roll out automated EID testing at ADCH	x	x	x
	Pilot and roll out the equipment database	x	x	x
	Monitor PIMA functionality and assess impact	x	x	x
	Provide laboratory based support for the Option B+ program	x	x	x
	Support LIS implementation at NCH	x	x	x
	Attend National Quantification meetings	x	x	x
<b>Task 2:</b> Increase the partnership and involvement of multiple stakeholders to sustain comprehensive HIV/AIDS services that emphasize sustainability and greater GRZ allocation of resources, and support the priorities of the MOH and NAC.				
2.3: Develop the capacity of facility HCWs and community volunteers	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	x
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	x
	Train HCWs in equipment use and maintenance, and ART commodity management.	x	x	x
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	x
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	x
	Train HCWS in the New Consolidated Guidelines	x	x	x
2.4: Support for community volunteers while laying the groundwork for increased sustainability	Payment of transport refunds for community volunteers	x	x	
	Support community outreach by community volunteers to create demand for HTC, VMMC, eMTCT, safe motherhood and clinical care services	x	x	
	Support volunteer in the implementation of door to door and patient index HTC	x	x	
2.5: Support CBOs/FBOs and GRZ community structures to increase HIV/AIDS service demand and support PLHIV self-care, retention in care and ART adherence	Work with NHCs to promote demand for HTC, VMMC, eMTCT, and ART	x	x	
	Work with Traditional and religious leaders to promote uptake of HTC, VMMC, eMTCT	x	x	
	Identify and work with groups of PLWHA to promote community ART dispensing .	x	x	
	Facilitate the establishment of Mother Support groups to promote demand for and retention in eMTCT services among expectant mothers	x	x	
2.6: Strengthen district-based referral networks that	Work with MCDMCH and DATFS to promote strengthening of district referral network.	x	x	

Objectives	Planned Activities	2016		
		July	August	September
link facility and community services in a comprehensive continuum of care				
2.7: Project close out			x	x
2.6: Strengthen district-based referral networks that link facility and community services in a comprehensive continuum of care	work with MCDMCH and DATFS to promote strengthening of district referral network .	x	x	x
<b>Task 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions</b>				
3.2: Provision of Capacity Strengthening TA and Related Support	Revision of the ZPCT IIB QA/QI tools	x	x	x
	Part of team leading the revision and harmonization of the national mentorship tools. Work with MOH and allied projects to strengthen measuring the impact of TSS and mentorship provided	x	x	x
	Provide technical and material assistance to the PMOs and DMOs for MOH planning			
	Assist MOH to strengthen capacity to provide clinical mentorship and supportive supervision to health facility staff that provide HIV services through joint mentorships.			
	To strengthen the MOH to coordinate the transition work through provision of material and technical support for the National Transition Steering Committee.			
	Travel to provinces to support ART Service Quality Assessments			
<b>Task 1: Maintain existing HIV/AIDS services and scale-up the program to meet PEPFAR targets, as part of a projected package of core services that emphasizes treatment as prevention, strengthens the health system, and supports the priorities of the Ministry of Health (MOH) and National AIDS Council (NAC).</b>				
<b>Strategic Information - M&amp;E</b>				
Strategic Information	Participate in reviewing and updating HMIS tools in collaboration with MoH as well as printing of these tools and SmartCare forms	x		x
	Review procedure manuals to include new and revised indicators in preparation for DATIM reporting for the annual reporting period	x	x	
	Update and maintain PCR Lab Database, training database and M&E database	x	x	x
	Conduct M&E Data quality Assessments in all six provinces/ SIMS			x
	Conduct GIS training in collaboration FHI360 HQ		x	x
	Support implementation of DHIS 2 in the piloted districts	x	x	
	Provide field support in Viral load database management in All the province with viral load machines	x	x	x
<b>Program Management</b>				

Objectives	Planned Activities	2016		
		July	August	September
<b>Program</b>	Monitor implementation of PEPFAR Pivot at MOH facilities through recipient agreement mechanism and monitor local and international subcontractors	<b>x</b>	<b>x</b>	<b>x</b>
	Support Implementation of solar power at MOH facilities	<b>x</b>	<b>x</b>	<b>x</b>
			<b>x</b>	<b>x</b>
<b>Finance</b>	FHI 360 finance team will conduct financial reviews of ZPCT IIB field offices, and subcontracted local partners	<b>x</b>	<b>x</b>	<b>x</b>
	Procure vehicles to support implementation of ACT			
<b>HR</b>	Recruitment of 16 clinicians and 25 DEC's to support implementation of ACT at MOH health facilities	<b>x</b>		
<b>IT</b>	IT Unit meeting	<b>x</b>		
	Facility Network Installations in five provinces	<b>x</b>	<b>x</b>	<b>x</b>
	Test and start using the Airtel link to facilities using dongles		<b>x</b>	<b>X</b>
	Conduct IT inventory updates	<b>x</b>	<b>x</b>	<b>x</b>
	Dismount old VSat and Radio equipment in Kasama Mansa Solwezi and Kabwe.	<b>x</b>	<b>x</b>	<b>x</b>
	Azure Backup implementation, Ndola Kabwe, Kasama, Mansa and Solwezi		<b>x</b>	



## Annex D: List of ZPCT II Supported Facilities, Sites and Services

### Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Mahatma Gandhi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Kabwe Mine Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	4. Bwacha HC	Urban		◆	◆	◆	◆		
	5. Makululu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆		
	6. Pollen HC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	11. Ngungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙
	12. Natuseko HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆			
	17. Kalwele HC	Rural							
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	21. Chikupili HC	Rural		◆	◆	◆		◆	
	22. Nkumbi RHC	Rural		◆	◆	◆			
	23. Tusekelemo								
	24. Chiwena								
<i>Luano</i>	25. Old Mkushi								

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	26. Kaundula RHC								
	27. Chikupili HC	Rural		◆	◆	◆		◆	
	28. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	29. Serenje DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	30. Chibale RHC	Rural		◆	◆	◆		◆	
	31. Muchinka RHC	Rural		◆	◆	◆		◆	
	32. Chalilo RHC	Rural		◆	◆	◆		◆	
	33. Mpelembe RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	34. Mulilima RHC	Rural		◆	◆	◆		◆	
	35. Kabamba RHC	Rural		◆	◆	◆			
<i>Chibombo</i>	36. Liteta DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	37. Chikobo RHC	Rural		◆	◆	◆		◆	
	38. Mwachisompola Demo Zone	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	39. Chibombo RHC	Rural		◆	◆	◆		◆	⊙ <sup>1</sup>
	40. Mungule RHC	Rural		◆	◆	◆		◆	
	41. Muswishi RHC	Rural		◆	◆	◆		◆	
	42. Chitanda RHC	Rural		◆	◆	◆			
	43. Malambanyama RHC	Rural		◆	◆	◆		◆	
	44. Chipeso RHC	Rural		◆	◆	◆		◆	
	45. Kayosha RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	46. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	47. Malombe RHC	Rural		◆	◆	◆		◆	
	48. Mwachisompola RHC	Rural		◆	◆	◆		◆	
	49. Shimukuni RHC	Rural		◆	◆	◆		◆	
	50. Keembe RHC								
	51. Mutemba RHC								
<i>Chisamba</i>	52. Chisamba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Chitambo</i>	53. Chitambo Mission Hospital								
	54. Kapiri Mposhi DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	55. Kapiri Mposhi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	56. Mukonchi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kapiri Mposhi</i>	57. Chibwe RHC	Rural		◆	◆	◆		◆	
	58. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	59. Kampumba RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	60. Mulungushi RHC	Rural		◆	◆	◆		◆	
	61. Chawama UHC	Rural		◆	◆	◆		◆	
	62. Kawama HC	Urban		◆	◆	◆		◆	
	63. Tazara UHC	Rural		◆	◆	◆		◆	
	64. Ndeke UHC	Rural		◆	◆	◆		◆	
	65. Nkole RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	66. Chankomo RHC	Rural		◆	◆	◆		◆	
	67. Luanshimba RHC	Rural		◆	◆	◆		◆	
	68. Chipepo RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
	71. National College for Management and Development studies								
<i>Ngabwe</i>	72. Mukubwe RHC								
<i>Mumbwa</i>	73. Mumbwa DH	Urban		◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	74. Mumbwa UHC	Urban		◆	◆	◆			
	75. Myooye RHC	Rural		◆	◆	◆			
	76. Lutale RHC	Rural		◆	◆	◆			
	77. Nambala RHC	Rural		◆	◆	◆			
	78. Kamilambo RHC								
<i>Itezhi Tezhi</i>	79. Itezhi Tezhi DH	Urban							
	80. Masemu UC	Rural							
	81. Kaanzwa RHC	Rural							
	82. Lubanda RHC								
	83. Nasenga RHC								
<b>Totals</b>			<b>24</b>	<b>74</b>	<b>74</b>	<b>74</b>	<b>24</b>	<b>44</b>	<b>10</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites for 2013

## Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Arthur Davison Hospital	Urban	◆ <sup>2</sup>		◆	◆	◆ <sup>3</sup>		
	3. CHINAN								
	4. Lubuto HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	5. Mahatma Gandhi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	6. Maongo Clinic UHC								
	7. Masala Main UHC								
	8. Chipokota Mayamba HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	9. Mushili Clinic	Urban		◆	◆	◆		◆	
	10. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	11. Kawama HC	Urban		◆	◆	◆	◆	◆	
	12. Ndeke HC	Urban		◆	◆	◆		◆	
	13. Dola Hill UC	Urban		◆	◆	◆		◆	
	14. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	◎ <sup>1</sup>
	15. Kansenshi Prison Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	16. Kaloko Clinic	Urban		◆	◆	◆		◆	
	17. Kaniki Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	18. New Masala Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	19. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	20. Telnor UHC								
	21. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	22. Health View Medical Centre								
	23. Hilltop Hospital UHC								
	24. Twapia Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	25. Zambia ESC								
	26. Zambia FDS	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	27. Itawa Clinic	Urban							
<i>Chingola</i>	28. Nchanga N. GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	29. Chiwempala HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Kabundi East Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	31. Chawama HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	32. Muchinshi Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	33. Kasompe Clinic	Urban		◆	◆	◆		◆	
	34. Mutenda HC	Rural		◆	◆	◆		◆	
	35. Nchanga North Hospital								
<i>Kitwe</i>	36. Kitwe Central Hospital	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	37. Ndeke HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	38. Chimwemwe Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	39. Buchi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	40. Luangwa HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	41. Ipusukilo HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	42. Bulangililo Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	43. Twatasha Clinic	Urban		◆	◆	◆		◆	
	44. Itimpi Clinic	Urban		◆	◆	◆		◆	
	45. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	46. Kawama Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	47. Kwacha Clinic	Urban		◆	◆	◆		◆	
	48. Mindolo 1 Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	49. Mulenga Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	50. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	51. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	52. ZAMTAN Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	⊙ <sup>1</sup>
	53. Chavuma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	54. Kamfinsa Prison Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆		◆	
	55. Mwekera Clinic	Urban		◆	◆	◆		◆	
	56. Riverside Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	57. Carewell Oasis Clinic	Urban							
	58. Company Clinic	Urban							
	59. Copperbelt University	Urban							
	60. Hillview Medical Centre	Urban							

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	61. Kitwe Surgeries UHC	Urban							
	62. Progress Medical Centre	Urban							
	63. SOS Clinic	Urban							
	64. Springs of Life UHC	Urban							
	65. Tina Medical Centre	Urban							
<i>Luanshya</i>	66. Thompson DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	67. Roan GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	68. Mikomfwa HC	Urban		◆	◆	◆		◆	
	69. Mpatamatu Sec 26 UC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	70. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	71. Section 9 Clinic	Urban							
	72. New Town Clinic	Urban							
	73. Fisenge UHC	Urban							
	74. Franco UHC								
	75. Main UHC								
<i>Mufulira</i>	76. Kamuchanga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	77. Ronald Ross GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	78. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	79. Kansunswa HC	Rural		◆	◆	◆		◆	
	80. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	81. Mokambo Clinic	Rural		◆	◆	◆		◆	
	82. Suburb Clinic	Urban		◆	◆	◆		◆	
	83. Murundu RHC	Rural		◆	◆	◆		◆	
	84. Chibolya UHC	Urban		◆	◆	◆		◆	
	85. Buteko Clinic								
<i>Kalulushi</i>	86. Kalulushi GRZ Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	87. Chambeshi HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	88. Chibuluma Clinic	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
	89. Chati RHC	Rural		◆	◆	◆			
	90. Ichimpe Clinic	Rural		◆	◆	◆			
	91. Cimy Clinic								
	92. Kalulushi Township								

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chililabombwe</i>	93. Kakoso District HC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	94. Lubengele UC	Urban	◆ <sup>1</sup>	◆	◆	◆		◆	
<i>Lufwanyama</i>	95. Lufwanyama DH	Rural							
	96. Lumpuma RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	97. Shimukunami RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	98. Nkana RHC	Rural							
<i>Mpongwe</i>	99. Kayenda RHC	Rural		◆	◆	◆	◆	◆	◎ <sup>1</sup>
	100. Mikata RHC	Rural		◆	◆	◆		◆	
	101. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	102. Nampamba RHC								
	103. Kalweo RHC	Rural							
<i>Masaiti</i>									
	104. Jeleman RHC	Rural		◆	◆	◆		◆	
	105. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	◎ <sup>1</sup>
<b>Totals</b>			<b>43</b>	<b>79</b>	<b>81</b>	<b>81</b>	<b>42</b>	<b>58</b>	<b>16</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
◎ MC sites	2 = ART Static Site
◎ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites for 2013



## Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Chienge</i>	1. Puta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kabole RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>	◆	⊙ <sup>1</sup>
<i>Kawambwa</i>	3. Kawambwa DH	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
<i>Mansa</i>	4. Mansa GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	5. Senama HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	6. Central Clinic	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	7. Matanda RHC	Rural		◆	◆	◆		◆	
	8. Buntungwa RHC	Urban		◆	◆	◆		◆	
	9. Chisembe RHC	Rural		◆	◆	◆		◆	
	10. Fimpulu RHC	Rural		◆	◆	◆		◆	
	11. Kabunda RHC	Rural		◆	◆	◆		◆	
	12. Kalyongo RHC	Rural		◆	◆	◆			
	13. Katangwe RHC	Rural		◆	◆	◆			
	14. Mibenge RHC	Rural		◆	◆	◆		◆	
	15. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	16. Ndoba RHC	Rural		◆	◆	◆		◆	
	17. Nsonga RHC	Rural		◆	◆	◆		◆	
	18. Lubende RHC	Rural		◆	◆	◆			
	19. Mabumba RHC								
Mwansabombwe	20. Mbereshi Mission Hospital								
<i>Mwense</i>	21. Mambilima HC (CHAZ)	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	22. Mwense Stage II HC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
<i>Nchelenge</i>	23. Nchelenge RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	24. Kashikishi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	25. Chabilikila RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	26. Kabuta RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	⊙ <sup>1</sup>
	27. Kafutuma RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	28. Kambwali RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	29. Kanyembo RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	30. Chisenga RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	31. Kilwa RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	32. St. Paul's Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	33. Kabalenge RHC	Rural							
Samfya	34. Lubwe Mission Hospital (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	35. Samfya Stage 2 Clinic	Rural	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	36. Kasanka RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	37. Shikamushile RHC	Rural		◆	◆	◆	◆ <sup>3</sup>		
	38. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	39. Kabongo RHC	Rural		◆	◆	◆		◆	
	40. Katanshya RHC								
Chama	41. Chama DH								
	42. Chama DH Affiliated HC								
<b>Totals</b>			<b>30</b>	<b>76</b>	<b>82</b>	<b>82</b>	<b>20</b>	<b>56</b>	<b>8</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
◎ MC sites	2 = ART Static Site
◎ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites for 2013

## Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Mwenzo RHC	Rural		◆	◆	◆		◆	
	4. Ntatumbila RHC	Rural	◆ <sup>1</sup>	◆	◆	◆		◆	
	5. Chozi RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	6. Shem RHC	Rural		◆	◆	◆			
	7. Nakonde DH								
	8. Nawaitwika								
<i>Mpika</i>	9. Mpika DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural		◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mpika TAZARA	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	15. Lukulu RHC	Rural		◆	◆	◆			
	16. ZCA Clinic	Rural		◆	◆	◆			
	17. Chikakala RHC	Rural		◆	◆	◆			
	18. Micheal Chilufya Sata Hospital								
<i>Chinsali</i>	19. Chinsali DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	20. Chinsali HC	Urban		◆	◆	◆		◆	
	21. Lumbwa Mission Hospital								
	22. Mundu Clinic								
<i>Chiwang'andu</i>	23. Matumbo RHC								
<i>Isoka</i>	24. Isoka DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	25. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	26. Kalungu RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
<b>Totals</b>			<b>9</b>	<b>32</b>	<b>32</b>	<b>32</b>	<b>9</b>	<b>16</b>	<b>4</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites for 2013

## Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kasama</i>	1. Kasama GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Kasama UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		
	4. Chilubula (CHAZ)	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	5. Lukupa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ <sup>2</sup>	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural		◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
	14. Mumbi Mfumu RHC								
	15. Nkole Mfumu								
<i>Mbala</i>	16. Mbala GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	17. Mbala UHC	Urban		◆	◆	◆		◆	
	18. Tulemane UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	19. Senga Hills RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	20. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	21. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	22. Mpande RHC	Rural		◆	◆	◆			
	23. Mwamba RHC	Rural		◆	◆	◆			
	24. Nondo RHC	Rural		◆	◆	◆			
	25. Nsokolo RHC	Rural		◆	◆	◆			
	26. Kawimbe RHC	Rural		◆	◆	◆		◆	
<i>Mpulungu</i>	27. Mpulungu HC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆ <sup>3</sup>		◎ <sup>1</sup>
	28. Mpulungu DH								
	29. Isoko RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
	30. Chinakila RHC	Rural		◆	◆	◆		◆	
<i>Mporokoso</i>	31. Mporokoso DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	32. Mporokoso UHC	Urban	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
	33. Chishamwamba RHC	Rural							
	34. Chitoshi RHC								
	35. Shibwalya Kapila RHC	Rural							
<i>Luwingu</i>	36. Luwingu DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	37. Chikoyi RHC								
	38. Katuta RHC								
	39. Nsombo RHC								
	40. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	41. Kaputa RHC	Rural	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	42. Kasongole RHC								
	43. Kalaba RHC								
<i>Nsama</i>	44. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	45. Kampinda RHC			◆	◆	◆			
	46. Nsama RHC								
<b>Totals</b>			<b>17</b>	<b>69</b>	<b>69</b>	<b>69</b>	<b>17</b>	<b>27</b>	<b>6</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites for 2013

## North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	2. Solwezi GH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		
	3. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	4. Mumena RHC	Rural		◆	◆	◆		◆	
	5. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	6. Kanuma RHC	Rural		◆	◆	◆			
	7. Kimasala RHC	Rural		◆	◆	◆		◆	
	8. Chikwa UHC								
	9. Hill Top Hospital								
	10. Kakombe RHC								
	11. Kazomba RHC								
	12. Maheba A RHC	Rural		◆	◆	◆		◆	
	13. Mushitala RHC	Rural							
	14. Kamisenga RHC								
	15. St. John's								
Kalumbila	16. Lumwana East RHC	Rural		◆	◆	◆		◆	
	17. Lumwana DH								
Mushindamo	18. St. Dorothy RHC	Rural	◆ <sup>1</sup>	◆	◆	◆	◆	◆	
<i>Mwinilunga</i>	19. Mwinilunga DH	Urban	◆ <sup>2</sup>	◆	◆	◆	◆ <sup>3</sup>		⊙ <sup>1</sup>
	20. Mwinilunga DH HAHC								
<b>Totals</b>			<b>12</b>	<b>56</b>	<b>57</b>	<b>57</b>	<b>14</b>	<b>20</b>	<b>8</b>

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4

Note: Grey shaded are new ZPCT II sites for 2013

### Annex E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	Male Circumcision
<i>Kabwe</i>	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
<i>Mkushi</i>	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
<i>Ndola</i>	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆		◆	◆	◆	◆	
	11. Medicross Medical Center		◆		◆	◆	◆	◆	
<i>Kitwe</i>	12. Company Clinic	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	13. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	14. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	15. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. SOS Medical Centre	Urban	◆		◆	◆	◆ <sup>3</sup>		
	17. Tina Medical Center	Urban	◆	◆	◆	◆	◆ <sup>3</sup>		
	18. Carewell Oasis clinic								
	19. Springs of Life Clinic								
	20. Progress Medical Center								
<i>Mwense</i>	21. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
<i>Solwezi</i>	22. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	23. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
	24. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙ <sup>1</sup>
<b>Totals</b>			<b>12</b>	<b>56</b>	<b>57</b>	<b>57</b>	<b>14</b>	<b>20</b>	<b>8</b>

*ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission*

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site



◎ <sup>1</sup> MC services initiated	3 = Referral laboratory for CD4
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Note: Grey shaded are new ZPCT II sites for 2013

